

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 2. Ensuring all questions are answered completely.
 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
 4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions [click here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CT-505 - Connecticut Balance of State CoC

1A-2. Collaborative Applicant Name: Connecticut Department of Mental Health and Addiction Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: CT Coalition to End Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

CT Department of Social Services	Yes	Yes
CT Department of Education	Yes	Yes
CT Department of Children and Families	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)**

BOS has many members w/extensive knowledge of homelessness active in Steering Comm (SC), work groups & subcommittees. The PIT/HIC Committee includes ES/TH/PH & outreach providers from all regions who use their expertise during the count. There are 7 reps from gov't on the SC that have been providing services for decades. SC has: 11 sub-CoC members (from local planning groups) representing every area of CoC w/extensive experience, CT Coalition to End Homelessness, CSH & there is a formerly homeless indiv on the SC. All CoC mtgs are open & there is no application to join the CoC. The CoC uses monthly SC mtgs to share data on HIC/PIT, SPM, federal priorities, best practices etc. CoC also gets input from the stake holders at the bi-annual all-CoC mtgs. The SC considers this input from diverse stakeholders and decides as a group how to plan, fund & execute on prevention, diversion, shelter & housing programs. For ex, the CoC decided to use state funds for new RRH & HUD funds for new PSH.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)**

All CoC & all sub-CoC meetings are open to the public & all interested parties are encouraged to attend. Anyone with an interest in homelessness can be a member of the CoC; there is no application process. An e-mail goes out monthly to 460 individuals which include but are not limited to: providers, consumers, local/state/federal agencies, businesses, advocates, legislators, politicians) throughout the state inviting them to upcoming meetings, sharing updates & meeting minutes. The 11 Sub-CoCs meet regularly & provide BOS CoC info to their members & invite them to CoC meetings. The CoC has a formerly homeless person on the Steering Committee (SC), the decision making/voting body of the CoC. The SC works closely w/CT Coalition to End Homelessness & housing/service providers to ensure that consumers know about the mgs & that BOS always has a homeless/formerly homeless person on the SC. BOS also holds semi-annual mtgs publicizing widely to encourage the broadest participation.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

CoC distributes RFPs for new projects thru its website, email list & the websites/lists of statewide orgs. On 5/26/17, the CoC issued RFP for new projects. RFP was distributed to entire CoC mailing list & lists from CT Partnership for Strong Communities, CCEH & CSH. Proposals are accepted from any eligible entity & scored by the Scoring & Ranking Comm. Scoring factors intentionally do not include CoC renewal performance so as to remain open to new entities. CoC scores these factors in evaluating new project applications: conduct effective outreach, use Housing First, connect to mainstream resources, prioritize highest need pop, participate in coordinated entry, meet match regs & have capacity to manage public grants & experience w/the population. Projects are selected for funding based on the numeric score received on their proposals. CoC offers TA to applicants ensuring the process is accessible to any entity, including those that have not previously received funding

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.

Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
CT Coalition Against Domestic Violence	Yes
CT Department of Children and Family Services	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

DOH is ESG recipient for State of CT & reports on ESG monitoring activities, HMIS, services & outcomes at monthly Steering Comm (SC) mtgs. SC consults on planning & funding allocations; CoC gives input on the allocation of ESG thru

the sub-CoCs & SC. In Waterbury, Hartford & New Haven, ESG entitlement communities, sub-CoCs work w/ESG recipients on planning, allocations, perf standards & monitoring. SC members are on Retooling Wkgrp working on perf measures for all ESG programs to ensure alignment in CT. BOS distributed 2017 CT Homeless COUNTS to all 17 Con Plan jurisdictions: Bristol, Danbury, East Hartford, Hamden, Hartford, Hartford Co, Litchfield Co, Manchester, Meriden, Middlesex Co, Middletown, Milford, New Haven, New Britain, New Haven Co, New London, New London Co, Norwich, Tolland Co, Waterbury, W.Hartford, W.Haven & Windham Co. CoC provides comments on Action Plans and advises on approach to homelessness in the plans. State Action Plan is reviewed and approved by CoC SC.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

Persons/households (HH's) fleeing DV can access housing & services which prioritize safety thru CT DV 24-hour hotline & access to a certified DV advocate. Resources are supported by VAWA, VOCA, FVPSA and the CT DSS Judicial Branch & Office of Policy Management. There are 18 DV agencies w/15 safe houses & 2 hotel/motel arranged stay options w/services such as: crisis intervention, risk assessment, safety planning, counseling, legal advocacy, childcare & temporary housing for pets. Survivors also have full access to CoC resources including housing (CoC and ESG funded) thru 211/Coordinated Access Networks. CT Coalition Against DV & providers ensure policies to promote safety, confidentiality, choice & access to safe housing for survivors. Providers are trained in trauma-informed care & cross-refer clients bet the homeless/DV systems to meet safety & housing needs & offer choice. DV providers use a separate database in lieu of HMIS to protect personal information in a de-identified manner.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

Annually, certified DV trainers w/ CT Coalition to End Homelessness & CT Coalition Against DV cross-train homeless providers & DV advocates, in-person & by webinar on: trauma-informed care, how to cross-refer clts bet the homeless/DV systems meeting safety & housing needs, accessing legal svcs & permanent housing. 2017 PIT indicates there were 405 sheltered & unsheltered survivors of DV; CoC uses DV stats to plan state funded RRH & TH & DV is a priority pop in the CoC RFP fr new projects. Stats are kept on DV survivors referred by DV agencies to homeless system; 1st half of 2017, 47 DV survivors were referred to homeless systems. DV survivors are referred to CT DV system

w/24-hour immediate response, network of DV ES across the CoC. The homeless CES intake includes a DV risk assessment. CT has a comparable CES for DV & adheres to same requirements as the CES process, provides immediate

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
City of Hartford	50.00%	Yes-HCV
Elm City Communities/Housing Authority of the City of New Haven	9.00%	Yes-Both
CT Department of Housing	23.00%	Yes-HCV
Danbury Public Housing Authority	13.00%	Yes-Both
Windsor Locks Public Housing Authority	31.00%	Yes-Public Housing

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

Each of the noted PHAs has a homeless preference. The CoC is working in close collaboration with the HUD Hartford Field Office and PHAs throughout the CoC to create more opportunities for persons experiencing homelessness to have an admission preference in HCV and public housing. The CoC and HUD Hartford Field Office have held two roundtables to bring PHAs, providers, government staff & officials together to encourage preferences for homeless households (June 10, 2017 and August 15, 2017); 25 PHAs were in attendance. New partnerships are developing and PHAs who currently do not have homeless admission preference are creating them.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity,

**including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)**

CT Coalition to End Homelessness (CCEH) & CT Department of Housing conducted a series of Safe Shelter & Fair Housing Trainings to educate providers on how to meet the needs of the LGBTQ community & ensure equal access in each of the 8 Coordinated Access Networks (CANs) from 3/2016-5/17. In 2017, CCEH & DOH had webinars on "Re-Imagining Shelter Space" & "Queering Care to improve services to LGBTQ Youth & Young Adults". CCEH has a page on their website to LGBTQ resources for providers which includes training webinars & info pertaining to legal protections for transgender individuals. CoC staff trained on Equal Access at the CoC semi-annual mtg on 11/18/16. On 6/27/13, the CoC implemented a non-discrimination policy which prohibits discrimination of any kind & notes that providers shall have non-discrimination policies in place & assertively outreach to people least likely to engage in the homeless system. Dec 2016, CoC updated P&P to include updated HUD Equal Access Rule.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	☒
Engaged/educated law enforcement:	☒
Engaged/educated local business leaders	☒
Implemented communitywide plans:	☒
No strategies have been implemented	☐
Other:(limit 50 characters)	
Advocacy to change city ordinances	☒
	☐
	☐

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	☒
Health Care:	☒
Mental Health Care:	☒
Correctional Facilities:	☒
None:	☐

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	☒
Health Care:	☒

Mental Health Care:	☒
Correctional Facilities:	☒
None:	☐

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

CoC's ranking & selection process prioritizes funding for projects serving these specific vulnerabilities: chronic homelessness, 0 income, criminal hx, active substance use, psychiatric/physical disability, unsheltered homelessness. The CoC took actions to ensure consideration of these vulnerabilities: ranked/selected projects based on: applicant experience/capacity to serve CH, active substance users, people with criminal history &/or disabilities, unsheltered; a clear outreach & supp services plan to engage & serve the most vulnerable pop using Housing First. Eval standards for renewal projects differ for PSH from TH & RRH given the higher need population in PSH (i.e, chronically homeless people w/significant behavioral/physical health issues). RRH & TH & DV programs have customized performance benchmarks. Projects are scored objectively using these customized standards and ranking is based on evaluation scores. CoC identified priority for 2017 bonus projects for 100%

CH.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	☒
Email	☒
Mail	☐
Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

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Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 11/08/2016

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/08/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation Supp...	09/25/2017

Attachment Details

Document Description: Reallocation Supporting Documentation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. MOU - pages 4-6

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? CaseWorthy Inc

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

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in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,703	207	1,482	99.06%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	636	57	528	91.19%
Rapid Re-Housing (RRH) beds	634	0	590	93.06%
Permanent Supportive Housing (PSH) beds	5,201	57	3,849	74.83%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

All bed types except PSH exceed the targeted bed rate coverage. All BOS CoC funded PSH projects enter in HMIS. CT BOS has 672 HUD-VASH beds which currently do not enter into HMIS which significantly impacts PSH bed coverage rate. Coordination with data with the VA continues & CT Coalition to End Homelessness (CCEH) has worked w/the VA & they are now using HMIS with "read only" access. CCEH will continue to work on data sharing w/ the VA & CCEH is prepared to assist them w/entering HUD-VASH in HMIS. In addition, beds that are supported by the state through CT Department of Mental Health and Addiction Services (DMHAS) Next Steps and PILOTS enter into the state database but do not currently enter into HMIS. DMHAS has been working on creating a crosswalk between DDaP, the state system and HMIS so that data can be entered just once by providers and exported to HMIS. DMHAS is continuing to work on this option and once in place, the DMHAS funded projects will have their data in HMIS.

2A-6. Annual Housing Assessment Report 12
(AHAR) Submission: How many Annual
Housing Assessment Report (AHAR) tables
were accepted and used in the 2016 AHAR?

2A-7. Enter the date the CoC submitted the 04/28/2017
2017 Housing Inventory Count (HIC) data into
the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/24/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/28/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

The methodology of the sheltered count did not change, however the CoC improved the data quality through comprehensive trainings offered numerous times & attended by almost all providers. Trainings included: PIT requirements for data collection on how to run data quality reports to ensure complete, accurate data were entered into HMIS to determine the total number of people in ES, along w/the demographics required for the count. The number of records w/missing or refused data elements was addressed & this reduced the error rates & increased accuracy of the data. Non-HMIS participating ES conducted client level surveys & entered de-identified data into a database w/programmatic validation to reduce data entry errors & ensure the highest possible DQ. DQ improvements led to lower error rates & the most accurate information provided to HUD. Sheltered rates were down from 2499 in 2016 to 2276 in 2017 due to new PSH & RRH units coming on line & effective prevention & diversion programs.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?

Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

From 2016 to 2017, the methodology for counting unsheltered homelessness in the CoC changed for the youth count. There were expanded efforts to engage programs serving homeless youth & identify unsheltered homeless youth w/a count that took place over 7 days beginning on 1/24/17. Because of this comprehensive approach, the # of unsheltered youth increased from 152 in 2016 to 184 in 2017. The CoC improved data quality in 2017 by: adding add'l volunteers to the count, ensuring greater attendance at trainings (over 90% of providers in attendance) & expanding the train-the-trainer model. In 2017 the mobile app was required to be used by providers & this greatly improved the accuracy of the data. The unsheltered count is down from 517 in 2016 to 334 in 2017; the CoC has significantly increased PSH beds dedicated to CH, the effectiveness of outreach services and coordinated entry system identifies appropriate housing resources to re-house unsheltered people as quickly as possible.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count?

Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The BOS youth count took place over 7 days beginning on 1/24/17. Over 300 volunteers participated in the count, the majority were youth. Volunteers using the mobile PIT app counted youth & administered the count survey. CoC worked w/YETI (Youth Engagement Team Initiatives) in all 7 CoC Coordinated Access Networks, to bring together stakeholders from schools, local gov't, DCF, housing providers & youth agencies, McKinneyVento Liaisons & formerly homeless youth to plan the count, select locations where homeless youth congregate & execute the count. Starting in 8/17, monthly mtgs & trainings occurred leading up to the count to prepare the volunteers & strategize on local HotSpots, where youth homeless might be found the wk of the count. BOS relied heavily on direct input from homeless youth; 12 homeless & formerly homeless members of the Youth Action Hub, a research & advocacy group identified canvassing locations, designed the survey & develop training materials for volunteer surveyors.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

For the PIT count, the CoC region is subdivided into smaller PIT Regions; Regional Coordinators (RC) provide community level leadership for the Count w/support from the CoC. To prep for the 2017 count, each RC reviewed locations where pops such as families, CH & veterans were found during the 2016 count & included these data when planning for 2017 count. RCs consult w/homeless & formerly homeless consumers to identify areas in which people may be experiencing homelessness. RCs consult w/street outreach teams, police depts, social service & Veterans' agencies, & homeless providers to ensure pops will be found & the complete geography will be covered. Planning sessions & volunteer trainings include info on finding best approaches for surveying CH, households w/children & Veterans. The night of the count survey teams had at least one outreach staff &/or a formerly homeless person. The use of mobile app allowed for more accurate data collection, better data quality & accuracy for each subpop

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.

(limit 1000 characters)

FY 2015, there were 5153 1st time h'less in ES/TH/SH & in FY 2016, 4704, a decrease of 9%. When PH is included the decrease in newly h'less was 508 persons, also decrease of 9%. The HMIS admin selects 1st time h'less cohort and runs report to analyze characteristics/risk factors which are: 17% MH issues, 12% substance abuse, 23% doubled-up. BOS uses diversion as a strategy to prevent 1st time homelessness; 18% of people who had a Coordinated Access Network appt were diverted. CT Coalition to End H'essness provides extensive diversion training & has train-the-trainer model to train on diversion. W/diversion, providers identify alternate housing arrangements, connect clts to conflict resolution & mediation, locate & secure new housing thru financial assistance & advocacy. 211 connects callers to utility & short-term rent assistance; 56% of callers were provided w/resources in lieu of needing to meet w/the CAN for ES or housing. CT DOH oversees the strategy to reduce 1st time homeless.

3A-2. Performance Measure: Length-of-Time Homeless.

CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.

(limit 1000 characters)

From FY 2015 to 2016 the average Length of time Homeless (LOTH) for ES went down from 61 to 60 days. For ES & TH, average increased by 5 days, from 114 days to 119 days. To reduce LOTH, BOS dedicates 100% of PSH beds to CH; adopted CPD Notice 16-11 to prioritize PSH based on length of

homelessness; prioritizes HH's for RRH based on LOTH; requires Housing 1st approach of 100% of projects to ensure quick access to PH; created new CoC PSH funded RRH & CH dedicated PSH beds thru bonus &/or reallocation each yr; convened ES Learning Collaborative; provided statewide trainings on strategies to shorten LOTH. Accomplishments include ending CH in Dec '16; 19% increase in PSH beds dedicated CH; 23% increase in RRH beds from 2016 to 2017; a reduction in homeless pop from 2016 to 2017 by 406 persons. CoC identifies indiv & families w/LOTH using a by- name list & houses them by prioritizing their placement through each of the 7 Coordinated Access Networks. CT DOH oversees strategy to reduce LOTH

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

From FY15 to FY16 the rate of PH placement for ES/SH/TH/RRH improved overall by 3% & PSH had strong performance at 98% for both years. CoC strategy to increase PH exits & retention rates: monitor rates through SPM & annual renewal evaluations; 100% PSH beds (CoC & State funded) dedicated to serving CH persons; created set-asides to serve homeless in HCV in multiple PHAs (w/104 new placements in Hartford PHA); increased # of people housed thru the creation of more RRH & PSH units & created 78 affordable tax credit units set aside for homeless households. CoC will implement these strategies as follows: meet w/PHAs in BOS to encourage additional h'less set-asides, create new RRH units with DOH HOME funds; convene employment roundtable & benefits training for providers to provide resources & best practices; & provide training on rapid exit, developing housing plans & hsg retention/eviction prevention strategies. CT Dept of Housing oversees the strategy for PH placement & retention.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

Returns to h'lessness 13 to 24 months from exiting ES/SO/TH/SH/PH decreased from 7% in 2015 to 6% in 2016 & for exits from PH decrease was from 9% to 6%. Overall returns reduced 24% to 23%. Coordinated Access Networks flag returning HH at intake, assess reasons for return, adjust interventions & use case conferences to prevent RTH for HHs at risk of losing PH; CoC monitors projects on RTH, uses SOAR to obtain SSI/SSDI, connects 100% of participants to benefits/employment, offers training on public benefits,

employment strategies, housing stabilization & eviction prevention strategies. Strategies CoC will use in next 12 months: CoC will offer employment roundtable & benefits training for providers, will require follow up w/exited participants to develop plans to prevent future crises, CAN staff will flag programs w/high rates of RTH & provide TA, CoC will continue to provide eviction prevention TA & monitor thru SPM & renewal eval process. DOH oversees the strategy to reduce RTH.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

In FY 2016, 46% of adult leavers increased total income (an increase of 5 people). CoC works w/mainstream employment & benefits orgs & monitors rates of income change thru quarterly review of HUD SPM & annual renewal eval process. CoC has annual employment roundtable coordinating w/DOL, local WF Investment Bds, Bur of Rehab Services to share info on WIOA, supported employment, training & job opportunities. BOS prgms collaborate w/mainstream employment orgs: CT Works, One Stop Career Centers w/3 locations in BOS; DOL Amer Job Center in 18 locations; Labor Ready & more. CoC pgms assess participants every 6 mos & connect to training, job placement & benefits. To increase other cash income & benefits, CoC collaborates w/DSS to convene a benefits training to share available resources, uses SOAR for SSI/SSDI (w/a 68% SSI/D approval rate) & has HHS CABHI grants, 251 HHs were housed & increased enrollment in Medicaid, SSI/SSDI, TANF, SNAP. DMHAS oversees the strategy to increase income

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).

No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

3A-7. Enter the date the CoC submitted the 05/30/2017

FY2017 CoC Application	Page 25	10/03/2017
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**System Performance Measures data in HDX,
which included the data quality section for FY
2016.
(mm/dd/yyyy)**

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	2,076	2,474	398

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	2,898
Total	2,898

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	☒
Number of previous homeless episodes	☒

Unsheltered homelessness	☒
Criminal History	☒
Bad credit or rental history (including not having been a leaseholder)	☒
Head of Household with Mental/Physical Disability	☒

**3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)**

To re-house families w/in 30 days, the CoC is expanding RRH by using CT Dept of Housing HOME funds to create \$1.5 million in RRH units. CCEH has monthly diversion trainings & TA to reduce # of families entering homelessness allowing more homeless families to be served more rapidly. All HH's are diverted if possible thru 211/the Coordinated Access Networks. If ES is needed, all HH's are assessed & referred for PH based on VI-SPDAT score. ES prepare housing plans for all & focus on rapid exit & PH access. CoC offered Housing 1st & housing-focused CM training. Families are assisted w/housing search, financial assistance, stabilization supports & linkages to jobs & benefits. CoC requires 100% of projects to be Housing 1st & monitors ES & TH on LOS. This has resulted in a 1-day decrease in the average LOT Homeless which should reduce further in the next year. By 2020, families will be rapidly rehoused w/in 30 days. RRH & housing-focused CM are best practices & early results are promising.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	114	134	20

**3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)**

CT Dept of Housing & Dept of Mental Health & Addiction Services contracts w/ES/TH/PSH providers have anti-discrimination requirements. DOH & DMHAS monitor programs regularly to ensure discrimination is not occurring. DOH has a rolling ES capital RFP to allow ES to make needed modification to the physical

structure of ES to ensure that there is adequate space for families & that they are not separated based on age, sex, LGBT or marital status, or disability. Coordinated Access Network Managers who oversee the 7 CANs review referrals & placements & ensure that programs adhere to anti-discrimination policies. CoC staff trained on HUD Equal Access Rule at the semi-annual meeting on 11/18/16. CoC has anti-discrimination policies & these are shared w/clients in the CT BOS Client Bill of Rights. AIDS CT, CCEH & CT Fair Housing Center have provided trainings on accommodating LGBT clients including training on HUD's Equal Access Rule, state & federal Fair Housing laws & CT general statutes

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	☒
Number of Previous Homeless Episodes	☒
Unsheltered Homelessness	☒
Criminal History	☒
Bad Credit or Rental History	☒

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

In 2017, CoC was awarded \$6.5M from HUD for Youth Homelessness Demo Pgm; The Connection received \$1 million from DCF for START program; CoC has \$497k in youth programs & worked to convert TH non-youth beds to dedicated youth beds. CoC measures: outreach #s, annual PIT/HIC count,

HMIS data on young adults entering/exiting the system; number added to/housed on By-name-list, youth exiting to PH, beds available for youth. Measures have shown improvement demonstrating effectiveness of strategies: APRs show 90% of TH youth move to PH, CoC has 72 dedicated TH youth beds, START prg served over 350 youth in TH, RRH & outreach. Outreach strategies been successful in connecting w/greater number of non-engaged unsheltered youth. Connections are in place for youth experiencing exploitation/trafficking. In 2017 CoC conducted an extended one-wk youth count to ensure accuracy & completeness of count; 2018 will mirror the 2017 methodology to allow for comparison in measuring number of homeless youth.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

CT BOS Steering Committee (SC) has Louis Tallarita, CT Dept of Education (DOE), Div of Family & Student Support Services & Kim Samaroo, CT DCF as active members. Louis provides trainings & distributes info to CoC to ensure that providers inform homeless HHs of their eligibility for services under the McKinney-Vento Ed subtitle. Sub-CoC SC reps share this info & local school district liaisons/reps are in the sub-CoC & these members ensure clear communication bet schools & providers to connect HHs to services. CoC has an MOU w/the CT Office of Early Childhood Ed to ensure homeless children can access needed supports. CoC has P&P establishing the responsibilities of CoC & ESG programs & requires all family & youth providers to have designated staff for ensuring that children are enrolled promptly in school & connected to services & CoC policy states that HHs must be made aware of their rights & children must be connected to schools & Ed services w/in 48 hours of entry into CoC programs

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No
Early Head Start	Yes	No
Child Care and Development Fund	Yes	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	Yes	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

Outreach teams, 211 & Coordination Access Networks (CANs) identify veterans by asking each sheltered & unsheltered person about military service; VI-SPDAT is administered to all & Vet status is queried. Vets are referred by Outreach, CANs & providers to VAMC in Newington or West Haven where they receive medical, MH, job training & other services. VAMC's conduct eligibility determinations for VA services. Veterans who do not want VA services & those deemed ineligible by the VA, access CoC services thru 211 & the CANs via the By-Name Lists. There is good collaboration between CoC & VA; Kris Dalao of the VA is a member of the Steer Comm. There are 8 GPD programs, 672 VASH units & SSVF pgms; providers refer Vets via the CANs & VAMC's to these resources. A daily email is sent to VA & SSVF providers for every new veteran enrolled in any CoC project. There was a 12% reduction in homeless Vets bet 2016 & 2017. In 2016, the State of CT was confirmed as having ending Veteran homelessness

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
Access CT - CT Health care exchange	Yes	Yes

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

All CoC funded projects assess participants at entry & every 6 months for benefits eligibility & to ensure continued receipt of benefits in place. Referrals are made to food/clothing/furniture banks, MH svces, SA treatment, job training & employment assistance as needed. Staff connects clients to DSS, provides transportation, help w/ on-line app for food stamps, TANF, General Assistance, Medicaid, and follow-up. DMHAS funds 16 SOAR CM statewide to assist clients applying for SSI/D. Ms. Norfleet-Johnson, DSS, Office of Comm Service is on CoC Steering Comm & shares resources/updates on mainstream benefits. CoC convenes annual Benefits Trainings on resources, eligibility, updates & application processes. Alice Minervino, CT Dept of Mental Health & Addiction Services (DMHAS) is an active member of the SC & ensures providers are connecting clts to the wide array of MH & SA programs DMHAS offers.

Behavioral Health Prog Manager, DMHAS is responsible for addressing this performance measure.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	101.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	101.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	101.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	101.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

CT Dept of Mental Health & Addiction Services provides funding to 1 agency in each of the 7 Coordinated Access Networks (CAN) to conduct street outreach. 100% of CoC geography is covered. Staff develops relationships & move clts quickly into housing. When teams find unsheltered persons, they complete a VI-SPDAT & refer to CAN, track unsheltered persons by entering data into HMIS & help clients access services: drop-in centers, mobile MH, addiction screening/counseling/treatment, assistance w/ benefits/employ, transport & applying for ID. Outreach is conducted M-F including early mornings & late evenings; 90% of time is spent w/unsheltered persons, often in woods/streets. After hrs is handled by 911/211 referrals to mobile outreach as needed. TTY services are available for deaf persons, outreach teams have access to bilingual staff for pople w/limited English proficiency, workers provide access to phones, computers & are trained to engage & assist persons w/cognitive issues.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

CoC promotes affirmative outreach w/CoC P&P such as, "Providers shall have non-discrimination policies in place & assertively outreach to people least likely to engage in the homeless system" & "Providers shall comply w/all Fed statutes including, the Fair Housing Act & the ADA." CoC trains on Affirmative Outreach at semi-annual mtgs & monitors CoC programs on these policies. Journey Home & CCEH provided trainings to CoC programs on accommodating LGBT clts including Fair Housing and non-discrimination practices. CoC Clt Bill of Rights addresses fair housing & providers give info to clts both in writing & verbally on how to grieve if clts believe their rights have been violated. All state contracts w/ES/TH/PH & affordable housing providers include language on Affirmative Outreach. 211, 1st point of entry for ES/TH/PSH/RRH & refers to affordable housing, advertises in multiple languages, locates translators for persons with Limited English proficiency & connects deaf persons to TTY

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	517	634	117

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	BOS Evidence of c...	09/27/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	CT BOS Consolidat...	09/26/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CT BOS Rating and...	09/24/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CT BOS Rating and...	09/25/2017
05. CoCs Process for Reallocating	Yes	CT BOS Process fo...	09/24/2017
06. CoC's Governance Charter	Yes	CoC HMIS MOU & Go...	09/27/2017
07. HMIS Policy and Procedures Manual	Yes	CT BOS HMIS P&P M...	08/15/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	CT BOS PHA Admin ...	09/25/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS MOU	09/15/2017
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/21/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	CT BOS HDX SPM	09/15/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: BOS Evidence of communication to rejected participants

Attachment Details

Document Description: CT BOS Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CT BOS Rating and Review Procedure

Attachment Details

Document Description: CT BOS Rating and Review Procedure - Public Posting Evidence

Attachment Details

Document Description: CT BOS Process for Reallocating

Attachment Details

Document Description: CoC HMIS MOU & Governance Charter

Attachment Details

Document Description: CT BOS HMIS P&P Manual

Attachment Details

Document Description:

Attachment Details

Document Description: CT BOS PHA Admin Plans

Attachment Details

Document Description: HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: CT BOS HDX SPM

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/19/2017
1B. Engagement	09/25/2017
1C. Coordination	09/21/2017
1D. Discharge Planning	09/04/2017
1E. Project Review	09/25/2017
1F. Reallocation Supporting Documentation	09/25/2017
2A. HMIS Implementation	09/25/2017
2B. PIT Count	09/01/2017
2C. Sheltered Data - Methods	09/20/2017
3A. System Performance	09/21/2017
3B. Performance and Strategic Planning	09/21/2017

4A. Mainstream Benefits and Additional Policies	09/21/2017
4B. Attachments	09/27/2017
Submission Summary	No Input Required

INSTRUCTIONS

This is the application for CT Balance of State Continuum of Care (CT BOS) permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available. In the 2016 CoC Competition, CT BOS was able to seek \$1,629,924 for new projects and was awarded \$814,962.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be included in the CT BOS 2017 CoC Application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition.

Please note that this application is based on the best information that is currently available and CT BOS may need to revise the requirements described below and/or request additional information after the 2017 HUD CoC NOFA is released.

All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.

All applications are due by June 23, 2017 and should be sent to: ctboscoc@gmail.com .

Project Requirement and Priorities:

- Eligible activities/projects for the Funds:

- o All projects must be Permanent Supportive Housing or Rapid Re-Housing
- o Projects can request funds for:
 - PSH: Rental assistance (tenant or project based only) or operating funds, supportive services, admin
 - RRH: Rental assistance (tenant based only), supportive services, admin
- o Term – 1 year
- o Eligible Supportive Services Costs are limited to the categories included in Section 17. Budget Detail.
- o Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately December 2017. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
- o Projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services. For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.
- o Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
- o Projects cannot request rental assistance and operating funding in the same project.
- o Projects must agree to enter client data into the CT HMIS, participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Access Network(s)** and comply with all other HUD requirements and CT BOS CoC Policies.
- o Applications must demonstrate:
 - A plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than June 2018).
 - A connection to **mainstream service systems**, specifically:
 - 1) that services are in place to identify and enroll all Medicaid-eligible program participants and to connect Medicaid-enrolled participants to Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability.
 - 2) that services are in place to connect participants to mainstream resources, including benefits, health insurance and employment services
 - 3) for stable PSH participants, that the project will assess participants' interest in moving on to independent affordable housing and offer assistance, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.
 - Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the CT BOS CoC SC (see the CT BOS Housing First Principles in the Appendix).
 - A plan for outreach to the eligible population (see below).
 - That they meet HUD's match requirements. See Section #17, Sources of Match.

- Eligible localities:
 - Projects must be located within the CT BOS CoC regions of the State. This includes all the cities and towns in the following counties: Hartford, Litchfield, New Haven, New London, Windham, Tolland, Middlesex; and the City of Danbury.
- Eligible populations:
 - PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD (See Appendix).
 - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined in *CT BOS Policy: Adoption of HUD Notice CPD 16-11* (See Appendix).
 - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
 - RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations. Persons in transitional housing **are not eligible** for either project type, even if they met the criteria described above prior to entering the transitional housing program.
- Eligible applicants:
 - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
 - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
 - Applications shall only be considered from applicants who are not in corrective action status as a result of a 2017 CT BOS project evaluation.

New Project Application 2017 CT BOS Continuum of Care

- Applications are due by COB on June 23, 2017 and should be sent to: ctboscoc@gmail.com
- Please contact ctboscoc@gmail.com for questions about the form or process.
- Please save your document with the following naming convention:
 <Agency name –Program name-NEW CTBOS17>.
 Example: ABC Services-Home to Stay-NEW CTBOS17.doc
- The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

1. Project Applicant Information:

- Name of Organization: _____
- Organization Type

☐ Units of Local Government
☐ Non-profit 501(c)(3)
☐ PHA

☐ State Government
☐ Other: Describe _____
- DUNS Number: _____

2. Sub-Recipient Organization (if applicable):

- Name of Organization: _____
- Organization Type

☐ Units of Local Government
☐ Non-profit 501(c)(3)
☐ PHA

☐ State Government
☐ Other: Describe _____
- DUNS Number: _____

3. Contact person for this application:

- Name: _____ Title: _____
- Phone: _____
- Email: _____

4. Project Location (town(s) or CAN): _____

5. Type of Project: ☐ PSH ☐ RRH

6. Proposed Project Budget

Activities	Total Assistance Requested
1. Rental Assistance	
Indicate Type of RA: ☐ TBRA (required for RRH) ☐ PBRA	
2. Supportive Services	
3. Operations	
4. Administrative costs (Up to 7% of amount requested)	
5. Sub-total Request (Add lines 1-4)	
6. Cash Match	
7. In-kind Match	
8. Total Match (Add lines 6&7) – must equal at least 25% of line #5	
9. Total Budget (Add lines 5 & 8)	

7. Housing Type

- a. Type: ☐ Single Site ☐ Scatter Site
- b. Total Number of Units: _____
- c. Total Number of Beds: _____

8. A. Population to be Served in the Project (Point-in-Time)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

B. Population to be Served in the Project (Annually – over the course of a year)
(Not applicable for PSH - Applies to RRH only)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

9. Experience of Applicant/Sponsor

A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project. Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications 2) working with and addressing the target population's identified housing and service needs. Specifically describe your experience with: • the Housing First model • delivering or securing Medicaid funded services for participants in the agency's programs • linking participants to mainstream resources, including benefits, health insurance, employment services, and mainstream affordable housing • assessing stable participants' interest in moving on to independent affordable housing and offer assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)
B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.
C. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.
D. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
E. Describe the experience of the applicant and potential subrecipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and subrecipient have no experience, indicate "No experience leveraging other Federal, State, local or private sector funds."

F. Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes ☐ no ☐

If yes, were there any findings from the audit? yes ☐ no ☐

If there were findings, please describe the findings and your agency's corrective actions to satisfy the findings and attach a copy of the corrective action plan that you submitted to HUD.

G. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

☐ Yes ☐ No

- If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.

H. Have you returned any funds to HUD on any existing grants in the last two years?

☐ Yes ☐ No

- If yes, how much has been returned?
- What is the reason that the funds have been returned?
- What actions are you taking to ensure full spending?

I. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?

☐ Yes ☐ No

- If yes, how much is owed?
- What is the reason for the obligation to HUD?
- What is preventing establishing a payment schedule?

J. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? ☐ Yes ☐ No

- What is the reason that the funds have not been drawn down?
- What actions are you taking to ensure timely draw down?

K. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? ☐ Yes ☐ No

- What is the reason that APRs were late?
- What actions are you taking to ensure timely submission?

10. Project Description

A. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify the target population including the number of single adults and the number of families with children to be served when the project is at full capacity.

- Address and location of units
- Type and number of units – scatter site or single site, single or multi-family homes, etc
- The specific services that will be provided and outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid and other mainstream services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

C. Will the project receive referrals only through the local Coordinated Access Network?

☐ Yes

☐ No

If No, please explain.

D. PSH Only: Describe recipient/subrecipient capacity for assessing need, prioritizing persons with the most severe needs and outreaching to identify chronically homeless people and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in HUD Notice CPD 16-11 (*SEE APPENDIX*).

E. Describe recipient/subrecipient experience with and a description of the program design for implementing Housing First.

F. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? ☐ Yes ☐ No

Will more than 16 persons reside in a structure? ☐ Yes ☐ No

If yes, please answer the following questions

- Describe local market conditions that necessitate a project of this size.

G. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

11. Supportive Services for Participants

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

☐ Yes

☐ No

B. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

☐ Yes

☐ No

C. Describe how participants will be assisted to obtain and remain in permanent housing. The description must be consistent with other parts of this application and identify:

- Plan to move eligible participants into the project
- Needs of tenants and plan for addressing those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services
- How units will be identified and rent reasonableness will be determined

D. Describe how participants will be assisted to increase employment and/or income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:

- Needs of target population and services required
- How tenants will access these services
- Coordination with other providers and mainstream systems
- How tenants will access SSI/SSDI and other mainstream benefits
- Unique needs of youth (if applicable)

E. Describe how you will coordinate effort with and connect tenants to mainstream employment organizations. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready).

F. Please identify whether the project will include the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? ☐Yes ☐No
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed? ☐Yes ☐No
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? ☐Yes ☐No
- Indicate the last SOAR training date for the staff person providing the technical assistance: _____

12. Supportive Services Type and Frequency:

A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services.**

For Provider, indicate: "Applicant" if the applicant will provide the service directly; "Subrecipient" if a subrecipient will provide the service directly; "Partner" if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, "Non-Partner" to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

Supportive Services	Provider	Frequency – select one per service type				
		Daily	Weekly	Bi-monthly	Monthly	N/A
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc) to the proposed project?

- ☐ Yes, very accessible
- ☐ Somewhat accessible
- ☐ Not accessible

13. Population Characteristics

Population Characteristics	Persons in HH's with At Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

Totals from Above:

Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under 18				
Total Persons				

14. Subpopulations – For PSH, each person must be listed as chronically homeless and at least one adult in each household must be listed as disabled. DV is not considered a disability by HUD.

Households with At Least One Adult and One Child

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Dom. Violenc e	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

Adult Households without Children

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18- 24									
Non-disabled Adults ages 18- 24									
Total Persons									

Households with Only Children

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chroni c Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccom- panied Disabled Children >18									
Unaccom- panied Non- Disabled Children >18									
Accom- panied Disabled Children >18									
Accom- panied Non- Disabled Children >18									
Total Persons									

15. Outreach for Participants

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

___ Persons who came from the street or other locations not meant for human habitation

___ Persons who came from Emergency Shelters

___ Persons who came from safe havens

___ Persons eligible under category 4 – e.g., fleeing DV, stalking , violence (see appendix for definition)

___ Total of above percentages

B. Describe the outreach plan to bring eligible homeless participants into the project.

16. HMIS Participation

a. Does your agency currently participate in HMIS? ☐ Yes ☐ No

b. Will your agency enter data into the HMIS for this proposed project?

☐ Yes ☐ No

17. Budget detail

Rental Assistance Budget (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2017 FMRs:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/select_Geography.odn

Indicate the Type of Rental Assistance: ☐ Project Based ☐ Tenant Based

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
Totals				

Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Budget Request
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total Operating Request		

Supportive Services: Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

Eligible Costs	Quantity Description (max 400 characters)	Annual Budget Request
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Employment Services		
Food		
Housing Search/Counseling		
Legal Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits (only if not included in lease agreement)		
Total Annual Assistance Requested for Supportive Services		

Sources of Match – Please complete the match table below.

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC Program grant funds for that activity. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (with cash or in-kind resources). Match resources may be from public or private resources.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	DMHAS	G	6/15/17	\$10,000
			TOTAL:	\$

APPENDIX

CT BOS Policy - Adoption of HUD Notice CPD 16-11

Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:

All CT BOS CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each CAN's homeless population for prioritization decisions.

This by-name list uses the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

Accepting Referrals through a Single Prioritized List for PSH

All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:

When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT BOS CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:

- People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth. Housing Placement Teams will determine

prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.

- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.

Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT BOS recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

Prioritizing access to PSH when participants are transferred from a different PSH project:

Existing PSH participants being transferred from a different CTBOS PSH project are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be considered both within and across CAN's and Sub-CoCs to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing CT BOS PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT BOS covered geography over eligible applicants residing in another CoC.

Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:

When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with CANs to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (local CAN region) where the vacancy exists.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the sub- CoC's geographic area at that time.

DEFINITIONS OF KEY TERMS:

Category 4 – HUD Homeless Definition. HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Chronically Homeless. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

Chronically Homeless. The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

1. **(a)** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a

break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disabling Condition:

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

CT BOS Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness."
 - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
 - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a

project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
- Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
- No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
- Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

CT BOS CoC - New Project Application

1 message

CT BOS CoC <ctboscoc@gmail.com>

Fri, May 26, 2017 at 9:34 AM

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Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Colleague,

The CT Balance of State Continuum of Care (CT BOS) is seeking applications for new permanent supportive housing and rapid re-housing projects. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available. In the 2016 CoC Competition, CT BOS was able to seek \$1,629,924 for new projects and was awarded \$814,962.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.

- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Project Application Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

Attached is an application containing additional details and instructions on how to apply. Agencies in corrective action are not eligible to apply for new funds; corrective action letters will be sent out next week. Please contact us at ctboscoc@gmail.com if you have questions.

All applications are due by COB on Friday, June 23, 2017 and should be sent to: ctboscoc@gmail.com.

Sincerely,

Steve DiLella and John Merz, Co-Chairs



CT BOS New Project Application 2017..docx

77K

WORK IN THE FIELD

Connecticut

Connecticut Super Utilizer Initiatives

Connecticut Supportive Housing Quality Initiative

Families and Youth

► CT Balance of State Connecticut Supportive Housing Initiative

Eastern Region

Western Region

Central Region

Los Angeles, CA

Southern CA

Illinois

Indiana

Michigan

Minnesota

New Jersey

Greater Metro Region (NY, NJ, PA)

Ohio

Pacific Northwest

Rhode Island

Texas



Eastern Region : [Connecticut](#)

CT Balance of State Continuum of Care

The Connecticut Balance of State CoC is a coordinated, comprehensive and strategic organizational structure mandated by HUD to receive homeless assistance funding. Within the CoC, community service providers, public housing authorities, non-profit organizations, and local and state governments form a consortium to address local homelessness and housing issues.

Each year, the CT Balance of State Continuum of Care accepts applications for new supportive housing projects to be funded through the HUD McKinney Vento Competition. The Steering Committee established requirements and priorities for new applications.

CSH provides technical assistance and support to the Balance of State CoC in Connecticut. And each year, we're happy to share information with our local service providers on how to apply for HUD McKinney Continuum of Care funds.

CT BOS 2017 HUD PROJECT COMPETITION

[CT BOS Project Ranking Strategy-POSTED 9/21/17](#)

2017 CT BOS RENEWAL EVALUATION DOCUMENTS

[2017-CT-BOS-Project-Info-Form-POSTED 12/22/16](#)

[2017-CT-BOS-Provider-Agency-Data-Form-POSTED 12/22/16](#)

[2017-Renewal-Program-Evaluation-Standards-POSTED 12/22/16](#)

[Instructions-on-Accessing-HMIS-APR-report-POSTED 12/22/16](#)

[2017 CT BOS Consumer Survey Links-POSTED 12/22/16](#)

[2017 CT BOS Consumer Survey – Spanish-POSTED 12/22/16](#)

[2017 CT BOS Consumer Survey – English-POSTED 12/22/16](#)

CT BOS NEW PROJECT APPLICATION 2017

[CT BOS New Project Application 2017 – POSTED 6/5/17](#)

CT Balance of State Continuum of Care (CT BOS) is seeking applications from providers to apply for permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 – fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be included in the CT BOS 2017 CoC Application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition. Please note that this application is based on the best information that is currently available and CT BOS may need to revise the requirements described below and/or request additional information after the 2017 HUD CoC NOFA is released. All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.

All applications are due by June 23, 2017 and should be sent to: ctboscoc@gmail.com.



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HOUSING POLICY BRIEFS, SUPPORTIVE HOUSING

CT BOS CoC Seeks Applications for New Housing Projects

June 07, 2017

CSH



The [Connecticut Balance of State Continuum of Care \(CT BOS CoC\)](#) is requesting applications for its New Housing Projects Request for Proposal. Providers have the unique opportunity to inform the new projects that the CT BOS CoC can include in its 2017 U.S. Dept. of Housing and Urban Development Notice of Funding Availability Application. The projects can include both permanent supportive housing and rapid re-housing proposals. The selected projects will be added to CT BOS 2017 CoC application to the Dept. of Housing and Urban Development.

All Applications and questions should be submitted to ctboscoc@gmail.com. Applications are due by June 23, 2017.

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CONNECTICUT BOS APPLICATIONS FOR NEW SUPPORTIVE HOUSING

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CONNECTICUT BOS APPLICATIONS FOR NEW SUPPORTIVE HOUSING

June 6, 2017

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new supportive housing and rapid re-housing projects. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available.

The following types of new projects will be considered:

New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.

New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Project Application Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

[Click here to access the CSH CT BOS page](#), which hosts the application, additional details and instructions on how to apply. Agencies in corrective action are not eligible to apply for new funds; corrective action letters will be sent out next week. Please contact us at ctboscoc@gmail.com if you have questions.

All applications are due by COB on Friday, June 23, 2017 and should be sent to: ctboscoc@gmail.com.

► CSH Charrettes



Let CSH help jumpstart your community's plan to end homelessness!

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CT BOS CoC -- FY 2017 CoC Program Competition Projects

1 message

CT BOS CoC <ctboscoc@gmail.com>

Fri, Sep 8, 2017 at 5:31 PM

To: dreamhomes@arcforpeace.org, La Keisha Kinsey <lkinsey@safefuturesct.org>, nzitto@tvcca.org, "Phyllis J. Leopold" <pjl@arcforpeace.org>, Alice Minervino <alice.minervino@ct.gov>, Alison Cunningham <acunningham@columbushouse.org>, Allison Ponce <allison.ponce@yale.edu>, Andrea Hachey <andreah@columbushouse.org>, "Andrea Hakian, LCSW" <AHakian@chrhealth.org>, Andrea Harnois <aharnois@chrhealth.org>, Andrea Hunter <ahunter@theconnectioninc.org>, Ashley Cianci <acianci@mhconn.org>, Ashley Hinman <AHinman@chd.org>, Beatrice Perez <beatrice.perez@ct.gov>, Belinda Arce-Lopez <BArceLopez@chd.org>, Betsy Cronin <bcronin@theconnectioninc.org>, Beverly Arcaro <barcaro@sistersplacect.org>, Bobbi Jo Evans <bevans@bhcare.org>, Bonnie Reilein <bonnie@hollyfamilywillimantic.org>, Brian Baker <bbaker@southparkinn.org>, Brian Roccapiore <Broccapiore@cceh.org>, Brittney Gibson <brittney.gibson@gmail.com>, Brittney Gibson <brittney.gibson@yale.edu>, Bruce Mochan <bmochan@nwcty.org>, Carole Shomo <cshomo@youthcontinuum.org>, Catherine Damato <damatoc@crtct.org>, Catherine Zall <czall@snet.net>, Catherine Zeiner <Catherinez@ywc Hartford.org>, Cathy Zeiner <czeiner@safefuturesct.org>, Chris McCluskey <mcccluskey@crtct.org>, Cindy Carloni <Cynthia.Carloni@ct.gov>, Claire Silva <ClaireS@bethsaidact.org>, Clarissa Garcia <cgarcia@immacare.org>, Clasina Jones <ClasinaJ@ywc Hartford.org>, Claudia Sweeney <csweeney@thact.org>, Colleen Harrington <colleen.harrington@ct.gov>, Crane Cesario <Crane.cesario@ct.gov>, Cynthia Watson <cwatson@ccahelping.org>, Dan Tammaro <dtammaro@newhavenct.gov>, Dana Serra <dana.serra@waterburyha.org>, Daria Keyes <dkeyes@cmhacc.org>, "David L. 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<silvia.moscariello@libertycs.org>, Sofia <wcanpc@gmail.com>, Sonia Brown <browns@crtct.org>, Sorimar Vazquez <svazquez@cceh.org>, "St. Vincent DePaul of Waterbury" <st.vincent.depaul@snet.net>, Stacie Nicholas <snicholas@southparkinn.org>, "Stephenie R. Guess" <Stephenie.Guess@ct.gov>, Steve DiLella <Steve.DiLella@ct.gov>, Steve MacHattie <smachattie@immacare.org>, "Subrena D. Winfield" <subrena.winfield@libertycs.org>, Susan Scott <sscott@bhcare.org>, Suzanne Wagner <swagner@housinginnovations.us>, Suzy Rivera <srivera@friendshipservicecenter.org>, "Teddi L. Creel" <teddi.creel@ct.gov>, Tenesha Grant <tgrant@mercyhousingct.org>, Teresa Ferraro <tferraro@theconnectioninc.org>, Thomas Styron <thomas.styron@yale.edu>, Tina Ortiz <ortiz@crtct.org>, Tomiko Grant <tomiko.grant@use.salvationarmy.org>, Trudy Higgins <THiggins@bhcare.org>, Willa Bloch <blochw@crtct.org>, William Rybczyk <wrybczyk@newopportunitiesinc.org>, William Tuthill <wtuthill@newoppinc.org>, Yolanda Potter <Ypotter@mercyhousingct.org>



Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear CT BOS CoC Grantees:

You are receiving this e-mail because your CT BOS project (listed in the attached document) has been accepted and ranked on the Priority Listing for submission to FY 2017 HUD CoC Program Competition.

Thank you for your work on the applications.

Sincerely,

CT BOS Team



CT BOS HUD CoC Program Competition Accepted & Ranked Projects..xlsx

15K

CT BOS CoC -- FY 2017 CoC Program Competition Projects

1 message

CT BOS CoC <ctboscoc@gmail.com>

Fri, Sep 8, 2017 at 5:31 PM

To: dreamhomes@arcforpeace.org, La Keisha Kinsey <lkinsey@safefuturesct.org>, nzitto@tvcca.org, "Phyllis J. Leopold" <pjl@arcforpeace.org>, Alice Minervino <alice.minervino@ct.gov>, Alison Cunningham <acunningham@columbushouse.org>, Allison Ponce <allison.ponce@yale.edu>, Andrea Hachey <andreah@columbushouse.org>, "Andrea Hakian, LCSW" <AHakian@chrhealth.org>, Andrea Harnois <aharnois@chrhealth.org>, Andrea Hunter <ahunter@theconnectioninc.org>, Ashley Cianci <acianci@mhconn.org>, Ashley Hinman <AHinman@chd.org>, Beatrice Perez <beatrice.perez@ct.gov>, Belinda Arce-Lopez <BArceLopez@chd.org>, Betsy Cronin <bcronin@theconnectioninc.org>, Beverly Arcaro <barcaro@sistersplacect.org>, Bobbi Jo Evans <bevans@bhcare.org>, Bonnie Reilein <bonnie@hollyfamilywillimantic.org>, Brian Baker <bbaker@southparkinn.org>, Brian Roccapiore <Broccapiore@cceh.org>, Brittney Gibson <brittney.gibson@gmail.com>, Brittney Gibson <brittney.gibson@yale.edu>, Bruce Mochan <bmochan@nwcty.org>, Carole Shomo <cshomo@youthcontinuum.org>, Catherine Damato <damatoc@crtct.org>, Catherine Zall <czall@snet.net>, Catherine Zeiner <Catherinez@ywc Hartford.org>, Cathy Zeiner <czeiner@safefuturesct.org>, Chris McCluskey <mcccluskey@crtct.org>, Cindy Carloni <Cynthia.Carloni@ct.gov>, Claire Silva <ClaireS@bethsaidact.org>, Clarissa Garcia <cgarcia@immacare.org>, Clasina Jones <ClasinaJ@ywc Hartford.org>, Claudia Sweeney <csweeney@thact.org>, Colleen Harrington <colleen.harrington@ct.gov>, Crane Cesario <Crane.cesario@ct.gov>, Cynthia Watson <cwatson@ccahelping.org>, Dan Tammaro <dtammaro@newhavenct.gov>, Dana Serra <dana.serra@waterburyha.org>, Daria Keyes <dkeyes@cmhacc.org>, "David L. Gonzalez Rice" <d.l.gonz.rice@gmail.com>, David Martineau <dmartineau@mercyhousingct.org>, David Shadbegian <david.shadbegian@accessagency.org>, Dawn Parker <dmparker@theconnectioninc.org>, Deanna Bencivengo <Deanna.Bencivengo@hhchealth.org>, Deborah Ullman <deborahu@ywc Hartford.org>, Denice Calabrese <dcalabrese@theconnectioninc.org>, Denise Ozanne <Denise.Ozanne@ct.gov>, Desiree McKay-Rogers <dmckay-rogers@immacare.org>, Diane Albini <DALbini@chd.org>, Diane Paige'Blondet <dpaige-blondet@sistersplacect.org>, Donna Bergin <dbergin@friendshipservicecenter.org>, Eileen Krause <Eileen.Krause@libertycs.org>, Elaine Matt <ematt@bhcare.org>, Ellen Brotherton <ellen.brotherton@ct.gov>, Emily Grillo <pointofentry@arcforpeace.org>, Erik Clevenger <erik.clevenger@ct.gov>, Floranne Roswolfe <floranne@hollyfamilywillimantic.org>, Frank Silva <fsilva@allianceforliving.org>, Fred Morton <Fred.Morton@ct.gov>, Gary Beaulieu <st.vincent.de.paul@snet.net>, Greg Brisco <Gbrisco@nwcty.org>, Gregory Pike <gpik@intercommunityct.org>, "Higgins, Eileen M" <Eileen.Higgins@ct.gov>, Jacqueline Elam <Jelam@hacdct.org>, Janice Connor <jconnor@nwcty.org>, Jason Martinez <jmartinez@uwgnh.org>, Jeff Rouleau <jrouleau@newopportunitiesinc.org>, Jeffrey Beadle <jeffrey.beadle@wrccinc.org>, "Jennifer Delaney (jdelaney@hacdct.org)" <jdelaney@hacdct.org>, Jennifer Hunter Smith <jhuntersmith@mhconn.org>, Jessica Ortega <jortega@chrysaliscenterct.org>, Jim Farrales <jfarrales@continuumct.org>, Jim Tackett <jim.tackett@ct.gov>, John Ferrucci <jferrucci@southparkinn.org>, John Lynch <JLynch@chrysaliscenterct.org>, Jon-Paul Mandelburg <jmandelburg@tvcca.org>, Julie Ackerman <ackermanj@crtct.org>, Kara Capobiano <Kara.Capobianco@ct.gov>, Kara Capone <KCapone@newreach.org>, Katherine Verano <KVerano@safefuturesct.org>, Kathleen Durand <Kathleen.durand@ct.gov>, Kathleen Shaw <kathleens@sistersplacect.org>, Kathryn Crees <kathy.crees@accessagency.org>, Kathy Allen <kathya@trfp.org>, Kelley Traister <ktraister@newreach.org>, Kelly Thompson <kthompson@allianceforliving.org>, Kellyann Day <kday@newreach.org>, Kendall Eshenfelder <kendall.eshenfelder@ct.gov>, Kerry Callaghan <kcallaghan@tvcca.org>, Kim Jakowski <kim.jakowski@wrccinc.org>, Kitty Dudley <kdudley@manchesterct.gov>, Lauren Pareti <lpareti@housinginnovations.us>, "Lazarski, Barbara" <blazarski@friendshipservicecenter.org>, Letticia Brown-Gambino <lbrowngambino@columbushouse.org>, Linda Filipetti <lfilipetti@cmhacc.org>, Linda Kerr <bksvdp@comcast.net>, Lisa Callahan <lisa.callahan@ct.gov>, Lisa Tepper Bates <ltbates@cceh.org>, Liz Isaacs <episaf@comcast.net>, Lori Behling <wlkbehling@usmhs.org>, Lorraine Gauthier <lgauthier@prudencecrandall.org>, Louis Gilbert <lgilbert@immacare.org>, "M. Gill" <mgill@newoppinc.org>, "M. Williams" <mwilliams@chd.org>, Manssour Hanne <mhanne@cmhacc.org>, Margaret Soussloff <MSoussloff@safefuturesct.org>, Maria Gomes <mgomes@mercyhousingct.org>, Marie Mormile-Mehlerme <mmormile@cmhacc.org>, Marshall Gaines <marshallgaines@intercommunityct.org>, Mary Ann Haley <mhaley@cceh.org>, Mary Gillette <mgillette@mercyhousingct.org>, Mary Ives <mary.ives@ct.gov>, Mary Jane DeFilippo <MJDeFilippo@cceh.org>, Mary Lou Underwood <munderwood@tvcca.org>, Mary Lusso <mlusso@southparkinn.org>, Maryann Picciarelli <killingly.housing@snet.net>, Maryellen Shuckerow <mshuckerow@chrysaliscenterct.org>, Meredith Damboise <mdamboise@newreach.org>, Michael Culmo <mculmo@mhact.org>, Michael Hall <michael.hall@libertycs.org>, Mike Van Vlaenderen <mvanvlaenderen@reliancehouse.org>, Milena Sangut <Milena.Sangut@ct.gov>, "Myles J. Wensek" <mylesw@housinginnovations.us>, Myrka Laffitte-Guillen <myrka.laffitte-guillen@ct.gov>, "N. Cooke" <NCooke@chrysaliscenterct.org>, "N. Zawrocki" <nzawrocki@bhcare.org>, "Nancy J. Cannavo" <NCannavo@hungerford.org>, Pam Walsh <pwash@chd.org>, Patricia Kupec <Patricia.kupec@ct.gov>, Paul Goodfield <st.vds@comcast.net>, Paul Kosowsky <pkosowsky@youthcontinuum.org>, "pha24@snet.net" <pha24@snet.net>, Phillip Lysiak <edsvdp@comcast.net>, Ralph Despres <RDespres@bhcare.org>, Rebekah Ohlsen <rohlsen@columbushouse.org>, Renee Grabert <wlrgrabert@usmhs.org>, Renee Rosenbluh <rrosenbluh@newreach.org>, Renold J Adu <radu@chd.org>, "Rev. Bonita Grubbs" <bgrubbs@ccahelping.org>, Rich Baraglia <rbaraglia@stphiliphouse.org>, "Robert G. Dorr" <bobcva4064@aol.com>, Ron Krom <ron@svidmiddletown.org>, "S. Duke" <sduke@newoppinc.org>, "S. Plotkin" <SPlotkin@youthcontinuum.org>, Sharon Castelli <scastelli@chrysaliscenterct.org>, Shellina Toure <stoure@ccahelping.org>, Silvia Moscariello

<silvia.moscariello@libertycs.org>, Sofia <wcanpc@gmail.com>, Sonia Brown <browns@crtct.org>, Sorimar Vazquez <svazquez@cceh.org>, "St. Vincent DePaul of Waterbury" <st.vincent.depaul@snet.net>, Stacie Nicholas <snicholas@southparkinn.org>, "Stephenie R. Guess" <Stephenie.Guess@ct.gov>, Steve DiLella <Steve.DiLella@ct.gov>, Steve MacHattie <smachattie@immacare.org>, "Subrena D. Winfield" <subrena.winfield@libertycs.org>, Susan Scott <sscott@bhcare.org>, Suzanne Wagner <swagner@housinginnovations.us>, Suzy Rivera <srivera@friendshipservicecenter.org>, "Teddi L. Creel" <teddi.creel@ct.gov>, Tenesha Grant <tgrant@mercyhousingct.org>, Teresa Ferraro <tferraro@theconnectioninc.org>, Thomas Styron <thomas.styron@yale.edu>, Tina Ortiz <ortiz@crtct.org>, Tomiko Grant <tomiko.grant@use.salvationarmy.org>, Trudy Higgins <THiggins@bhcare.org>, Willa Bloch <blochw@crtct.org>, William Rybczyk <wrybczyk@newopportunitiesinc.org>, William Tuthill <wtuthill@newoppinc.org>, Yolanda Potter <Ypotter@mercyhousingct.org>



Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear CT BOS CoC Grantees:

You are receiving this e-mail because your CT BOS project (listed in the attached document) has been accepted and ranked on the Priority Listing for submission to FY 2017 HUD CoC Program Competition.

Thank you for your work on the applications.

Sincerely,

CT BOS Team



CT BOS HUD CoC Program Competition Accepted & Ranked Projects..xlsx

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CT BOS 193 Unit Proj...

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Transitional Housing Reallocation

**CT BOS CoC** <ctboscoc@gmail.com>

11/8/16



to Claire, Steve, John, Liz, Suzanne, Lauren ▾

Dear Claire,

As you may have learned from your sub CoC representative or reading the minutes from the August meeting, the CT BOS Steering Committee recently made the decision to reallocate funding in the upcoming 2017 CoC Competition for transitional housing projects that are not dedicated to youth or DV.

We are contacting you because your agency has a TH project that will not be eligible to apply for renewal funds in 2017, and we wanted to ensure that you are aware of this decision. More information about the options available for your project will be forthcoming. In the meantime, please contact us at ctboscoc@gmail.com with any questions.

We know that this is difficult news and we are here to help during this time of transition.

Best regards,
John Merz & Steve DiLella
CT BOS Steering Committee Co-Chairs



CT BOS CoC <ctboscoc@gmail.com>

Bethsaida - Katie Blair House

1 message

CT BOS CoC <ctboscoc@gmail.com>

Mon, Sep 25, 2017 at 4:51 PM

To: Claire Silva <ClaireS@bethsaidact.org>

Cc: Suzanne Wagner <swagner@housinginnovations.us>, Steve DiLella <Steve.DiLella@ct.gov>, suzannewagner61@gmail.com, "John Merz (JMerz@aids-ct.org)" <JMerz@aids-ct.org>, Liz Isaacs <episaf@comcast.net>



Dear Claire:

We are writing to inform you that the HUD CoC Katie Blair House TH renewal application was rejected in esnaps on 9/22/2017 per prior notifications on 11/8/16 and 5/19/17 that the project would not be accepted in this year's CT BOS CoC application and the notification of the appeal decision of the Co-Chairs on 8/10/17. We have attached previous correspondence regarding the CoC's decision on the reallocation of funds. You are able to submit your application as a solo application using HUD's process if you so choose.

Please feel free to contact us with any questions.

Sincerely,

John Merz and Steve DiLella

CT BOS CoC Steering Committee Co-Chairs

3 attachments

 **Bethsaida - Katie Blaire Reallocation.pdf**
60K

 **Bethsaida Katie Blaire - GC Response.pdf**
99K

 **Bethsaida-Katie Blair final decision.pdf**
171K

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Transitional Housing Reallocation



CT BOS CoC <ctboscoc@gmail.com>

11/8/16 ☆



to Bonita, Steve, John, Suzanne, Liz, Lauren ▾

Dear Bonita,

As you may have learned from your sub CoC representative or reading the minutes from the August meeting, the CT BOS Steering Committee recently made the decision to reallocate funding in the upcoming 2017 CoC Competition for transitional housing projects that are not dedicated to youth or DV.

We are contacting you because your agency has a TH project that will not be eligible to apply for renewal funds in 2017, and we wanted to ensure that you are aware of this decision. More information about the options available for your project will be forthcoming. In the meantime, please contact us at ctboscoc@gmail.com with any questions.

We know that this is difficult news and we are here to help during this time of transition.

Best regards,

John Merz & Steve DiLella
CT BOS Steering Committee Co-Chairs

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CT BOS - New Project Application



CT BOS CoC <ctboscoc@gmail.com>

Aug 29 ☆

to mrosa ▾

**Connecticut Balance of State Continuum of Care***Ending Homelessness in Connecticut* | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Margaret:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs

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CT BOS - New Project Application



CT BOS CoC <ctboscoc@gmail.com>

Aug 29 ☆



to Kathy, Liz ▾

**Connecticut Balance of State Continuum of Care***Ending Homelessness in Connecticut* | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Kathy:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs



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CT BOS - New Project Application



CT BOS CoC <ctboscoc@gmail.com>

Aug 29 ☆



to William, Liz ▾

**Connecticut Balance of State Continuum of Care***Ending Homelessness in Connecticut* | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Bill:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs



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CT BOS CoC <ctboscoc@gmail.com>

Aug 29



to Catherine, Liz



Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Cathy:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs

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Fwd: CT BOS - New Project Application



CT BOS CoC <ctboscoc@gmail.com>

Aug 29 ☆



to Silvia, Liz ▾

**Connecticut Balance of State Continuum of Care***Ending Homelessness in Connecticut* | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Silvia:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs

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CT BOS - New Project Application - NEW REACH GREATER NEW HAVEN – RRH

 CT BOS CoC <ctboscoc@gmail.com>

Aug 29 ☆



to Meredith, Liz ▾

**Connecticut Balance of State Continuum of Care***Ending Homelessness in Connecticut* | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Meredith:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs

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CT BOS CoC <ctboscoc@gmail.com>

Aug 29



to Sarah.Dimaio, Liz ▾

**Connecticut Balance of State Continuum of Care***Ending Homelessness in Connecticut* | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Sarah:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs

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 **CT BOS CoC** <ctboscoc@gmail.com>

Aug 29 ☆



to John, Liz ▾



Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear John:

Thank you for submitting your RRH application to the CT BOS CoC for a new project for submission in the FY2017 HUD CoC NOFA. We are writing to inform you that your application will not be included in the 2017 HUD bonus project application.

The Steering Committee decided that this year, the CT BOS CoC will put forth two PSH projects and is not submitting a RRH bonus project. While the CoC values the importance of RRH, the Steering Committee is committed to ensuring that there are enough CH units to house persons on the CT BOS CH by-name list and the units associated with the two PSH projects will help accomplish this goal.

We very much appreciate the time and energy you put into the application and thank you again for your submission and efforts to end homelessness in CT. Please feel free to contact us with any questions.

Sincerely,
Steve DiLella and John Merz
CT BOS Co-Chairs



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Eastern Region : Connecticut

CT Balance of State Continuum of Care

The Connecticut Balance of State CoC is a coordinated, comprehensive and strategic organizational structure mandated by HUD to receive homeless assistance funding. Within the CoC, community service providers, public housing authorities, non-profit organizations, and local and state governments form a consortium to address local homelessness and housing issues.

Each year, the CT Balance of State Continuum of Care accepts applications for new supportive housing projects to be funded through the HUD McKinney Vento Competition. The Steering Committee established requirements and priorities for new applications.

CSH provides technical assistance and support to the Balance of State CoC in Connecticut. And each year, we're happy to share information with our local service providers on how to apply for HUD McKinney Continuum of Care funds.

CT BOS — HUD COC 2017 COMPETITION

[CT BOS CoC HUD Project Priority Listing FY 2017 w/all accepted/rejected apps & reallocation forms -POSTED 9/25/17](#)

[CT BOS CoC HUD Consolidated Application FY 2017 w/all attachments-POSTED 9/25/17](#)

[Applications not included in the CT BOS CoC Project Listing FY 2017-POSTED 9/26/17](#)

[2017 Review, Scoring and Ranking procedures-POSTED 9/25/17](#)

[Process for Reallocation 2017 CoC Program Competition-POSTED 9/25/17](#)

2017 CT BOS RENEWAL EVALUATION DOCUMENTS

[2017-CT-BOS-Project-Info-Form-POSTED 12/22/16](#)

[2017-CT-BOS-Provider-Agency-Data-Form-POSTED 12/22/16](#)

[2017-Renewal-Program-Evaluation-Standards-POSTED 12/22/16](#)



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PUBLICLY POSTED ON CoC WEBSITE ON: 9/25/17
2017 Review, Scoring and Ranking Procedures

1. Project Application Deadlines & Applicant Notifications

The CoC established deadlines for submission of project applications as follows: Renewal and reallocation project applications were required to be submitted by 8/18/17 (see Attachment 1). The preliminary new project applications were due on 6/23/17 and applicants were informed in writing on 8/29/17 if their project was chosen to be submitted as a bonus project to HUD. All CoC members were notified via email on 8/22/2017 of the 2017 Ranking Strategy adopted by the Steering Committee on 8/18/2017. The CoC notified in writing, outside of e-snaps all renewal and new project applicants on 9/8/17 that their applications would be accepted and ranked, rejected or reduced on the CoC Priority Listing.

2. Threshold Review

All applications for new and renewal projects are reviewed for threshold to ensure compliance with the HEARTH Act, the CoC Program Interim Rule, the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), CoC written standards, and the local CoC Request for Applications. Any new or renewal project that does not meet the threshold requirements are not considered for funding.

3. Renewal Project Performance Evaluation and Selection

The CT BOS Steering Committee establishes performance evaluation standards for renewal projects annually using the following process:

- 1) Draft standards are reviewed at a Steering Committee meeting, posted to the website and distributed by email.
- 2) In each region throughout the state, SubCoCs convene discussions regarding the proposed standards with local stakeholders.
- 3) SubCoC representatives bring feedback from those discussions to the Steering Committee.
- 4) Steering Committee reviews stakeholder input, makes adjustments to the standards and adopts the final standards.
- 5) Standards and actual project performance are reviewed and discussed at semi-annual public meetings where stakeholders offer input for future consideration by the Steering Committee.

The performance evaluation standards are the objective criteria used by the CoC to review, rate, rank, and select renewal projects for inclusion in or exclusion from the CoC Priority Listing. See Attachment 2 for the "2017 Renewal Performance Evaluation Standards." The standards were shared with the CoC on 12/21/16 Attachment 3.

Except for those programs serving Domestic Violence (DV) survivors, APR and HMIS data are used to evaluate:

- Occupancy rates
- Participant length of stay
- Rates of receipt of health insurance and other non-cash benefits
- Changes in cash benefits received



- Change in earned income
- Rate of exits to permanent housing
- Retention rates in PH
- Rate of exits to homelessness
- HMIS data quality
- Compliance with Environmental Review, match and HUD drawdown requirements
- Consumer satisfaction

DV programs are evaluated on the same criteria but benchmarks and standards are adjusted to take into consideration the special needs of the population. DV programs submit data for the renewal evaluation that is generated from their comparable databases.

The CoC's consultants analyze evaluation data and score individual projects based on these criteria. Agencies receive reports for each project that show their score on each criteria as well as the total score for each project. Overall scores for all evaluated projects are distributed publicly via email and at the CoC Steering Committee Meeting.

Applicants have the opportunity submit appeals related to renewal evaluation scores and/or reallocation decisions to the Grievance Committee, which reviews and approves or denies all requests. Applicants are notified in writing of decisions by the Grievance Committee.

4. New Project Application Scoring and Selection

Annually, the CoC posts to its website (see Attachment 4) and widely distributes via email an RFP for new projects funded through both bonus and reallocation, see Attachment 5. CoCs partners also post and distribute information on their websites and in newsletters, see Attachment 6. The Steering Committee appoints a Scoring Committee of subject matter experts to review, rate and rank new project applications. Parties with conflicts of interest are excluded from participation on the review committee.

All new projects are reviewed according to the requirements outlined in the RFP and new project scoring standards, which evaluate the degree to which the proposed project design will meet priority needs, provide quality services and improve the CoC's system performance. The 2017 "New Project RFP" and "New Project Scoring Standards" are attached as Attachments 7 & 8.

The Scoring committee scores each application using the Scoring Standards tool and has the discretion to recommend one or more applications for the amount available for new projects. Reviewers' scores for individual projects are averaged to calculate final scores for each application. New project applications are ranked in order of score from highest to lowest. The Steering Committee receives and votes on the recommendation from the Scoring Committee for new projects to be submitted in the CoC Application and Project Listing

The committee also may give the CoC consultants direction to work with applicants to make adjustments to strengthen applications and ensure the applications included in the final submission to HUD meet the most critical gaps identified by the CoC and use scarce resources efficiently. CoC consultants provide technical assistance to all applicants to ensure that the process is accessible to any applicant, including those that have not previously received funding.



5. Ranking Process for New and Renewal Projects

Consideration of Severity of Participant Needs and Vulnerabilities

The CoC's ranking & selection process prioritizes funding for projects serving vulnerable participants, including: youth under age 25, people experiencing chronic homelessness, people with zero income, criminal history, active substance use, and those reluctant to engage in services. For example, the CoC took these actions to ensure consideration of these vulnerabilities:

- CoC ranked and selected new projects based on:
 1. applicant experience & capacity to serve vulnerable people (e.g., chronically homeless, active substance users, people reluctant to engage, people with criminal history, zero income &/or disabilities, unsheltered)
 2. a clear outreach & supportive services plan to engage & serve the most vulnerable people using a Housing First approach.

New or Renewal Projects not targeting vulnerable populations are not submitted in the Project Listing for the CoC. Only PSH projects dedicating 100% of beds for chronic homelessness, RRH projects, and TH projects for DV or Youth using a low barrier Housing First approach were selected for funding.

Ranking Order for 2017 Competition (adopted by the Steering Committee on 8/18/2017):

In the annual CoC competition, HUD requires communities to rank projects for funding. CoCs must rank all new and renewal projects, except CoC Planning. The amount that CoCs must rank in Tier 1 and Tier 2 is established each year by HUD in the CoC Program Competition NOFA. Tier 2 projects have to compete nationally for funding.

Each year the CT BOS CoC Steering Committee reviews new & renewal project scoring results along with participant needs, gaps in the housing inventory and critical CoC infrastructure needs as identified through data and CoC membership feedback. The Steering Committee discusses preliminary ranking strategies at a monthly meeting and reviews stakeholder input, makes adjustments and adopts the final ranking strategy. Parties with conflicts of interest are disallowed from participation.

Projects included in the 2017 CT BOS CoC Priority Listing were ranked in the following order:

- Renewal Projects that have been evaluated in order of CT BOS CoC Evaluation Score
- HMIS Projects
- Coordinated Entry System Projects
- First time Renewal Projects that have not yet been evaluated
- New PSH Bonus projects in order of score on project application
-

All CoC members were notified on the 2017 Ranking Policy via email on 8/22/2017. See **Attachments 9 and 10.**

**IMPORTANT - HUD CoC Renewal Apps**

1 message

CT BOS CoC <ctboscoc@gmail.com>

Fri, Jul 28, 2017 at 1:21 PM

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Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear CT BOS Grantees:

As you know, the HUD NOFA for the 2017 CoC competition was released 7/14/17 and HUD released the Project Renewal Detailed Instructions on 7/25/17. As in years past, grantees will be responsible for submitting a Project Application (previously called "Exhibit 2") for each CoC funded renewal project.

Good news –HUD has simplified the application process by allowing providers to import data from last year and submit the majority of the application without making changes (this does not apply to first time renewals or newly merged projects).

Applicant Profile/Renewal Apps:

Applicant Profile - this should be completed before you start completing the Renewal Project Application.

List of potential forms/attachments:

- HUD form 2880 - Applicant/Recipient Disclosure/Update Report (required). Note: this form is no longer an attachment in e-snaps. Rather, there is a HUD for 2880 screen for Project Applicants to complete. Note: In previous years, Project Applicants uploaded a HUD form 2880 as an attachment. In FY 2017, this is a form in e-snaps Project Applicants will complete.
- Code of Conduct (not required to select the "Complete" button in the Profile but must be listed on the HUD website, https://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/conduct, if not attached.)
- Nonprofit Documentation (required, will appear only for applicants that selected option M or N)
- Survey on Equal Employment Opportunity (required)

Part 1: Forms and Certification

- Part 1 **must be completed** before you can move to the other sections of the application
- Most of Part 1 populates from the Applicant Profile

Part 3: Dedicated PLUS

- We will be providing guidance shortly on 3C - Dedicated PLUS.

Parts 2-7 are read only except for the following 4 screens which must be completed: 3C - Dedicated PLUS, 6D - Sources of Match, 7A - Attachments, 7B - Certification

The following info is relevant for renewal apps that are NOT first-time renewals or consolidated grants:

- Please review Parts 2-7 carefully.

- After reviewing, go to the **"Submissions without Changes"** screen. If there are no edits to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you can submit the application without needing to edit the rest of the application. However, if changes need to be made, you can open up individual screens for edit, instead of the entire application. Once you select the screens you want to edit via checkboxes, you will click **"Save"**, and those screens will be available for edit. Reminder, once you make those selections and click **"Save"**, you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections.
- **HUD has noted that they discourage providers from making changes unless there has been a change approved by HUD or approved through the grant amendment process. If changes are made, providers are required to note the changes in the "Submission without changes" screen.**

HUD has set interim deadlines for project applications, and, in order to meet these deadlines and the final deadline, we have set the following schedule.

CT BOS Project Renewal Application Webinar - AUGUST 10TH & AUGUST 11TH - details on registering to follow in a separate e-mail

This year, in lieu of a provider computer lab, we will be holding webinars to assist providers with the application. For your convenience, we will hold the webinar at two separate times, you do not need to participate in both.

- August 10 - 2:00pm - 4:00pm
- August 11 - 10am-12pm

Renewal Project Applications due to CT BOS - AUGUST 18TH - Feel free to submit earlier!

- Export the application to a PDF in esnaps and e-mail to ctboscoc@gmail.com. **Do not submit the application in esnaps.**
- Please use the following naming convention: "agency name-project name- draft application2017". For example: HousingInnovations-DreamHousing-DraftApplication2017
- Please be sure to complete and upload all required attachments as we must review these prior to submission to HUD

Housing Innovations will provide feedback on renewal application - NOW-August 25th

HI will give feedback to grantees on renewal project applications on a rolling basis and will provide feedback as quickly as possible once applications are submitted.

Grantees submit final renewal project application in esnaps - August 31st

Next Steps

- Go into esnaps and get started, you do not need to wait for the CT BOS Webinar.
- Update your applicant profile, including updating and uploading the required HUD forms.
- Set up your renewal project application - you can import last year's application (unless it is a first time renewal or newly consolidated grant)
- Review the attached GIW and ensure that the budget numbers you include on the project application match the GIW.

Instructions and Guidance

Links to the HUD webpage with instructions on the renewal applications are below.

Applicant profile: <https://www.hudexchange.info/resource/2958/instructions-for-updating-the-project-applicant-profile/>

Renewal App Detailed Instructions: <https://www.hudexchange.info/resources/documents/FY-2017-Renewal-Project-Application-Detailed-Instructions.pdf>

Renewal App Instructional Guide: <https://www.hudexchange.info/resources/documents/FY-2017-Renewal-Project-Application-Instructional-Guide.pdf>

Budget Instructional Guide:

<https://www.hudexchange.info/resource/2912/coc-project-application-budget-information/>

If you have questions, please email ctboscoc@gmail.com Thank you for your assistance with this process.

Sincerely,
CT BOS Team



CoC_GIW_CoC_CT-505-2017_CT_2017_20170405-3.xlsx
28K

Connecticut Balance of State (CT BOS) CT-505

2017 Renewal Performance Evaluation Standards

Adopted December 16, 2016

Evaluation Criteria		2017 Benchmark / Standard			2017 Points		
Performance		PSH	RRH	TH	PSH	RRH	TH
Efficient Use of Resources							
1	Spending on last year's HUD grant ¹	95% and less than \$50k left unspent			10	10	10
Eligibility							
2	At least one Adult Participant per household with previous residence that indicates qualified literal homelessness	100%			10	10	10
3	PSH Only: At least one participant per household has a disability ³	100%	N/A		5	N/A	N/A
Participant Income/Resources							
4	Percentage of all adult participants who gained or increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) ²	25%		40%	10	10	10
5	Percentage of all adult participants who gained or increased OTHER INCOME (NON-EARNED) from entry to exit/follow-up (leavers and stayers)	35%		45%	10	10	10
6	All adult participants with NON-CASH benefits (health insurance, food stamps, etc)	95%			10	10	10
Length of Stay							
7A	TH Only (Non-Youth Projects): Length of Stay for all participants is 1 year or less	N/A		75%	N/A	N/A	5
7B	TH Only (Youth Projects): Length of Stay for all participants is 1 year or less	N/A		75%	N/A	N/A	5
7C	TH Only (DV Projects): Length of Stay for all participants is 2 years or less	N/A		75%	N/A	N/A	5
8	RRH Only: Length of Stay for all participants is 6 months or less	N/A	80%	N/A	N/A	5	N/A
Housing Stability							
9	PSH Only: Percentage of all participants who remain in PSH or exited to permanent housing ⁴	90%	N/A		5	N/A	N/A
10	TH & RRH: Percentage of all leavers who exited to Permanent Housing ⁴	N/A	90%		N/A	10	10
11	Percentage of all leavers who exited to shelter, streets or unknown ⁴	Less than or equal to 10%			5	5	5

Connecticut Balance of State (CT BOS) CT-505

2017 Renewal Performance Evaluation Standards

Adopted December 16, 2016

	Evaluation Criteria	2017 Benchmark / Standard			2017 Points		
	Consumer Surveys	PSH	RRH	TH	PSH	RRH	TH
12	Consumer Surveys - Response Rate	35%			5	5	5
13	Consumer Surveys - Results	50 Points			5	5	5
	Compliance	PSH	RRH	TH	PSH	RRH	TH
14	PSH Only: Current CH Bed Inventory equals or exceeds CH Beds committed in the Application ⁵	100%	N/A		5	N/A	N/A
15	Match equals or exceeds statutory requirement ⁶	25% excluding leasing			5	5	5
16	Enviromental Review Documentation within 5 years	Less than or equal to 5			5	5	5
17	HUD Drawdowns	HUD Drawdown every quarter			5	5	5
	HMIS	PSH	RRH	TH	PSH	RRH	TH
18	HMIS Universal Data Elements null or unknown	Less than or equal to 5%			5	5	5
	Total Points				100	100	100
	Penalty	PSH	RRH	TH	PSH	RRH	TH
19	Errors in the HMIS APR reviewed	0			0	0	0
20	Programs that were late in turning in evaluation materials	N/A			N/A	N/A	N/A
	Corrective Action Threshold Criteria	PSH	RRH	TH	PSH	RRH	TH
21	Occupancy based on quarterly unit utilization ⁶	90%			N/A	N/A	N/A
	Baseline Data to be collected	PSH	RRH	TH	PSH	RRH	TH
22	Percentage of participants accepted into the program from the by-name list in HMIS during the period of April 1, 2016 to September 30, 2016	100% (Not to be scored in 2017)			N/A	N/A	N/A

¹ Excludes SROs and new projects.

² Excludes Youth Programs.

³ Excludes SROs projects

⁴ Excludes deceased participants

⁵ Excludes programs with no grant application dedicated CH beds with no CH beds in APR.

⁶ Excludes new projects

CT BOS - 2017 Renewal Evaluation

1 message

CT BOS CoC <ctboscoc@gmail.com>

Wed, Dec 21, 2016 at 6:43 PM

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Dear Providers:

As you know, each year the CoC evaluates all HUD CoC funded projects. Below is the timeline for submission of renewal evaluation documents and information related to each of the submissions. Please read carefully as some things have changed from last year. The 2017 Renewal Program Evaluation Standards are attached as well as all of the documents that you are required to submit: *Project Information Form, Provider Agency Data Form, and Consumer Satisfaction Survey (English and Spanish)*. (Please note that the standard for length of stay in DV Transitional Housing programs is to be determined.)

This year, instead of asking providers to send in renewal project APRs, CCEH will be providing HMIS APR data directly to Housing Innovations for all of the renewal evaluation projects. All programs will be evaluated on APR outcomes for the period 10/1/15-9/30/16.

We strongly suggest that agencies run and review an APR report (called CoC- APR 2014) from HMIS for this time period for each of the renewal projects (see attached instructions on how to run the HMIS APR report). This gives agencies an opportunity to make corrections to the data and to ensure accurate and complete information is in HMIS for each renewal project. HI will begin reviewing HMIS APR reports on 1/17/17 so please review/correct data before this date.

DEADLINES FOR 2017 CT BOS CoC RENEWAL EVALUATION DOCUMENTS	
SUBMISSION	DUE DATE
Project Information Form: - Form requests information related to each of your renewal projects. - Please complete one for each project.	JANUARY 30, 2017
Provider Agency Data Form: - Please complete one per agency. - Form collects information that will help us complete the 2017 NOFA.	JANUARY 30, 2017
Consumer Satisfaction Surveys: - Consumers may complete surveys on paper or electronically on Survey Monkey. - Both paper surveys (attached) and electronic surveys are available in English and in Spanish. - If your agency participates in the DMHAS consumer survey process, you may	JANUARY 30, 2017

submit the DMHAS surveys in lieu of the CT BOS Consumer surveys. Please do not submit both DMHAS surveys and CT BOS surveys for the same project.

Paper Surveys:

- **PLEASE INCLUDE GRANT NUMBERS on the CT BOS and DMHAS surveys. Surveys without grant numbers will not be included in the evaluation process and agencies will not get credit for the submission of these surveys.**
- Please scan and e-mail all the surveys at once, do not send them in multiple batches.

Electronic Surveys:

- Program participants can complete the consumer survey on the web by using the link provided in the attached spreadsheet called *2017 CT BOS Consumer Survey Links Report*.
- Please share the link that corresponds to your agency and specific project with consumers at your program. This link will take people to the survey for your project and will have information such as project name and grant number already filled in. To ensure your project receives credit for all surveys completed on-line, it is critical that you share the correct link.

General Instructions

- All documents should be sent electronically to ctboscoc@gmail.com. Consumer surveys completed on-line do not need to be submitted again. If necessary, paper consumer surveys can be sent via mail to: Myles Wensek, 21-19 146th Street, Whitestone, NY 11357.
- When submitting documents, please put your agency name in the subject line of emails and included your agency name and program name where applicable in the names of the document themselves. For example, "ABC Agency XYZ Project".
- Please let us know if there is an alternate contact who should receive these e-mails and other correspondence.
- Please contact ctboscoc@gmail.com with any questions.

Thank you in advance for your assistance with the renewal evaluation process.

CT BOS Team

7 attachments



2017 CT BOS Project Info Form..xlsx
14K



2017 CT BOS Provider Agency Data Form.docx
34K



2017 CT BOS Consumer Survey - English.docx
22K



2017 CT BOS Consumer Survey - Spanish.docx
21K



Instructions on Accessing HMIS APR report.docx
253K



2017 Renewal Program Evaluation Standards .pdf
345K



2017 CT BOS Consumer Survey Links..xlsx
24K

**WORK IN THE FIELD****Connecticut**

Connecticut Super Utilizer Initiatives

Connecticut Supportive Housing Quality Initiative

Families and Youth

► **CT Balance of State Connecticut Supportive Housing Initiative**

Eastern Region

Western Region

Central Region

Los Angeles, CA

Southern CA

Illinois

Indiana

Michigan

Minnesota

New Jersey

Greater Metro Region (NY, NJ, PA)

Ohio

Pacific Northwest

Rhode Island

Texas

Eastern Region : [Connecticut](#)

CT Balance of State Continuum of Care

The Connecticut Balance of State CoC is a coordinated, comprehensive and strategic organizational structure mandated by HUD to receive homeless assistance funding. Within the CoC, community service providers, public housing authorities, non-profit organizations, and local and state governments form a consortium to address local homelessness and housing issues.

Each year, the CT Balance of State Continuum of Care accepts applications for new supportive housing projects to be funded through the HUD McKinney Vento Competition. The Steering Committee established requirements and priorities for new applications.

CSH provides technical assistance and support to the Balance of State CoC in Connecticut. And each year, we're happy to share information with our local service providers on how to apply for HUD McKinney Continuum of Care funds.

CT BOS 2017 HUD PROJECT COMPETITION

[CT BOS Project Ranking Strategy-POSTED 9/21/17](#)

2017 CT BOS RENEWAL EVALUATION DOCUMENTS

[2017-CT-BOS-Project-Info-Form-POSTED 12/22/16](#)

[2017-CT-BOS-Provider-Agency-Data-Form-POSTED 12/22/16](#)

[2017-Renewal-Program-Evaluation-Standards-POSTED 12/22/16](#)

[Instructions-on-Accessing-HMIS-APR-report-POSTED 12/22/16](#)

[2017 CT BOS Consumer Survey Links-POSTED 12/22/16](#)

[2017 CT BOS Consumer Survey – Spanish-POSTED 12/22/16](#)

[2017 CT BOS Consumer Survey – English-POSTED 12/22/16](#)

CT BOS NEW PROJECT APPLICATION 2017

[CT BOS New Project Application 2017 – POSTED 6/5/17](#)

CT Balance of State Continuum of Care (CT BOS) is seeking applications from providers to apply for permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 – fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be included in the CT BOS 2017 CoC Application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition. Please note that this application is based on the best information that is currently available and CT BOS may need to revise the requirements described below and/or request additional information after the 2017 HUD CoC NOFA is released. All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.

All applications are due by June 23, 2017 and should be sent to: ctboscoc@gmail.com.

**CT BOS CoC - New Project Application**

1 message

CT BOS CoC <ctboscoc@gmail.com>

Fri, May 26, 2017 at 9:34 AM

Bcc: ascranton8@yahoo.com, asedgwick@mccaonline.com, bard@ctrealtytrust.com, btenor@waterbury.k12.ct.us, canderson@womensconsortium.org, ctinfo@ctredcross.org, dreamhomes@arcforpeace.org, Dan Tammara <dtammara@newhavenct.gov>, eholcomb@actspooner.org, emauhs@nwnh.net, emcsweeney@waterburyct.org, executivedirector@acts4.org, frewb@taftschool.org, gchelso@csimail.org, gormanam@my.easternct.edu, gwimsk@snet.net, hikerac55@aol.com, hispanic.angie@att.net, hispanic.coalition@att.net, hmehm@clrp.org, info@bethelmlford.org, jaltamirano@waterburyct.org, jessep912@yahoo.com, kleblanc@nvcc.commnet.edu, kvolz@stmh.org, La Keisha Kinsey <lkinsey@safefuturesct.org>, lmalavet@aol.com, lschz_25@yahoo.com, lvgw-info@waterburyct.org, lwesoly@leeway.net, mbuell@wellmore.org, mfica@connlegalservices.org, mops53@sbcglobal.net, mrshdais@yahoo.com, Nichole <nichole@pschousing.org>, nzitto@tvcca.org, rebimbias@hotmail.com, renoanddeb@sbcglobal.net, resourcerick@yahoo.com, safesjoy@yahoo.com, segatling@att.net, swerlin@columbushouse.org, womens@mindspring.com, "Phyllis J. 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Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Colleague,

The CT Balance of State Continuum of Care (CT BOS) is seeking applications for new permanent supportive housing and rapid re-housing projects. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available. In the 2016 CoC Competition, CT BOS was able to seek \$1,629,924 for new projects and was awarded \$814,962.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.

- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Project Application Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

Attached is an application containing additional details and instructions on how to apply. Agencies in corrective action are not eligible to apply for new funds; corrective action letters will be sent out next week. Please contact us at ctboscoc@gmail.com if you have questions.

All applications are due by COB on Friday, June 23, 2017 and should be sent to: ctboscoc@gmail.com.

Sincerely,

Steve DiLella and John Merz, Co-Chairs



CT BOS New Project Application 2017..docx

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CONNECTICUT BOS APPLICATIONS FOR NEW SUPPORTIVE HOUSING

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CONNECTICUT BOS APPLICATIONS FOR NEW SUPPORTIVE HOUSING

June 6, 2017

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new supportive housing and rapid re-housing projects. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available.

The following types of new projects will be considered:

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New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Project Application Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

[Click here to access the CSH CT BOS page](#), which hosts the application, additional details and instructions on how to apply. Agencies in corrective action are not eligible to apply for new funds; corrective action letters will be sent out next week. Please contact us at ctboscoc@gmail.com if you have questions.

All applications are due by COB on Friday, June 23, 2017 and should be sent to: ctboscoc@gmail.com.

► CSH Charrettes



Let CSH help jumpstart your community's plan to end homelessness!

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PARTNERSHIP FOR STRONG COMMUNITIES

ATTACHMENT 6

WHO WE ARE

| WHAT WE DO

| WHAT WE CARE ABOUT

| WHAT YOU CAN DO



WHAT WE DO

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CT BOS CoC Seeks Applications for New Housing Projects

June 07, 2017

CSH



The [Connecticut Balance of State Continuum of Care \(CT BOS CoC\)](#) is requesting applications for its New Housing Projects Request for Proposal. Providers have the unique opportunity to inform the new projects that the CT BOS CoC can include in its 2017 U.S. Dept. of Housing and Urban Development Notice of Funding Availability Application. The projects can include both permanent supportive housing and rapid re-housing proposals. The selected projects will be added to CT BOS 2017 CoC application to the Dept. of Housing and Urban Development.

All Applications and questions should be submitted to ctboscoc@gmail.com. Applications are due by June 23, 2017.

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ATTACHMENT 7

CT Balance of State Continuum of Care 2017 Application for New Housing Projects (PSH & RRH)

INSTRUCTIONS

This is the application for CT Balance of State Continuum of Care (CT BOS) permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available. In the 2016 CoC Competition, CT BOS was able to seek \$1,629,924 for new projects and was awarded \$814,962.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be included in the CT BOS 2017 CoC Application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition.

Please note that this application is based on the best information that is currently available and CT BOS may need to revise the requirements described below and/or request additional information after the 2017 HUD CoC NOFA is released.

All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.

All applications are due by June 23, 2017 and should be sent to: ctboscoc@gmail.com.

Project Requirement and Priorities:

- Eligible activities/projects for the Funds:

- o All projects must be Permanent Supportive Housing or Rapid Re-Housing
- o Projects can request funds for:
 - PSH: Rental assistance (tenant or project based only) or operating funds, supportive services, admin
 - RRH: Rental assistance (tenant based only), supportive services, admin
- o Term – 1 year
- o Eligible Supportive Services Costs are limited to the categories included in Section 17. Budget Detail.
- o Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately December 2017. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
- o Projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services. For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.
- o Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
- o Projects cannot request rental assistance and operating funding in the same project.
- o Projects must agree to enter client data into the CT HMIS, participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Access Network(s)** and comply with all other HUD requirements and CT BOS CoC Policies.
- o Applications must demonstrate:
 - A plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than June 2018).
 - A connection to **mainstream service systems**, specifically:
 - 1) that services are in place to identify and enroll all Medicaid-eligible program participants and to connect Medicaid-enrolled participants to Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability.
 - 2) that services are in place to connect participants to mainstream resources, including benefits, health insurance and employment services
 - 3) for stable PSH participants, that the project will assess participants' interest in moving on to independent affordable housing and offer assistance, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.
 - Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the CT BOS CoC SC (see the CT BOS Housing First Principles in the Appendix).
 - A plan for outreach to the eligible population (see below).
 - That they meet HUD's match requirements. See Section #17, Sources of Match.

- Eligible localities:
 - Projects must be located within the CT BOS CoC regions of the State. This includes all the cities and towns in the following counties: Hartford, Litchfield, New Haven, New London, Windham, Tolland, Middlesex; and the City of Danbury.
- Eligible populations:
 - PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD (See Appendix).
 - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined in *CT BOS Policy: Adoption of HUD Notice CPD 16-11* (See Appendix).
 - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
 - RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations. Persons in transitional housing **are not eligible** for either project type, even if they met the criteria described above prior to entering the transitional housing program.
- Eligible applicants:
 - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
 - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
 - Applications shall only be considered from applicants who are not in corrective action status as a result of a 2017 CT BOS project evaluation.

New Project Application 2017 CT BOS Continuum of Care

- Applications are due by COB on June 23, 2017 and should be sent to: ctboscoc@gmail.com
- Please contact ctboscoc@gmail.com for questions about the form or process.
- Please save your document with the following naming convention:
 <Agency name –Program name-NEW CTBOS17>.
 Example: ABC Services-Home to Stay-NEW CTBOS17.doc
- The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

1. Project Applicant Information:

- Name of Organization: _____
- Organization Type

☐ Units of Local Government
☐ Non-profit 501(c)(3)
☐ PHA

☐ State Government
☐ Other: Describe _____
- DUNS Number: _____

2. Sub-Recipient Organization (if applicable):

- Name of Organization: _____
- Organization Type

☐ Units of Local Government
☐ Non-profit 501(c)(3)
☐ PHA

☐ State Government
☐ Other: Describe _____
- DUNS Number: _____

3. Contact person for this application:

- Name: _____ Title: _____
- Phone: _____
- Email: _____

4. Project Location (town(s) or CAN): _____

5. Type of Project: ☐ PSH ☐ RRH

6. Proposed Project Budget

Activities	Total Assistance Requested
1. Rental Assistance	
Indicate Type of RA: ☐ TBRA (required for RRH) ☐ PBRA	
2. Supportive Services	
3. Operations	
4. Administrative costs (Up to 7% of amount requested)	
5. Sub-total Request (Add lines 1-4)	
6. Cash Match	
7. In-kind Match	
8. Total Match (Add lines 6&7) – must equal at least 25% of line #5	
9. Total Budget (Add lines 5 & 8)	

7. Housing Type

- a. Type: ☐ Single Site ☐ Scatter Site
- b. Total Number of Units: _____
- c. Total Number of Beds: _____

8. A. Population to be Served in the Project (Point-in-Time)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

B. Population to be Served in the Project (Annually – over the course of a year)
(Not applicable for PSH - Applies to RRH only)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

9. Experience of Applicant/Sponsor

A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project. Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications 2) working with and addressing the target population's identified housing and service needs. Specifically describe your experience with: • the Housing First model • delivering or securing Medicaid funded services for participants in the agency's programs • linking participants to mainstream resources, including benefits, health insurance, employment services, and mainstream affordable housing • assessing stable participants' interest in moving on to independent affordable housing and offer assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)
B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.
C. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.
D. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
E. Describe the experience of the applicant and potential subrecipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and subrecipient have no experience, indicate "No experience leveraging other Federal, State, local or private sector funds."

F. Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes ☐ no ☐

If yes, were there any findings from the audit? yes ☐ no ☐

If there were findings, please describe the findings and your agency's corrective actions to satisfy the findings and attach a copy of the corrective action plan that you submitted to HUD.

G. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

☐ Yes ☐ No

- If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.

H. Have you returned any funds to HUD on any existing grants in the last two years?

☐ Yes ☐ No

- If yes, how much has been returned?
- What is the reason that the funds have been returned?
- What actions are you taking to ensure full spending?

I. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?

☐ Yes ☐ No

- If yes, how much is owed?
- What is the reason for the obligation to HUD?
- What is preventing establishing a payment schedule?

J. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? ☐ Yes ☐ No

- What is the reason that the funds have not been drawn down?
- What actions are you taking to ensure timely draw down?

K. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? ☐ Yes ☐ No

- What is the reason that APRs were late?
- What actions are you taking to ensure timely submission?

10. Project Description

A. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify the target population including the number of single adults and the number of families with children to be served when the project is at full capacity.

- Address and location of units
- Type and number of units – scatter site or single site, single or multi-family homes, etc
- The specific services that will be provided and outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid and other mainstream services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

C. Will the project receive referrals only through the local Coordinated Access Network?

☐ Yes

☐ No

If No, please explain.

D. PSH Only: Describe recipient/subrecipient capacity for assessing need, prioritizing persons with the most severe needs and outreaching to identify chronically homeless people and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in HUD Notice CPD 16-11 (*SEE APPENDIX*).

E. Describe recipient/subrecipient experience with and a description of the program design for implementing Housing First.

F. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? ☐ Yes ☐ No

Will more than 16 persons reside in a structure? ☐ Yes ☐ No

If yes, please answer the following questions

- Describe local market conditions that necessitate a project of this size.

G. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

11. Supportive Services for Participants

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

☐ Yes

☐ No

B. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

☐ Yes

☐ No

C. Describe how participants will be assisted to obtain and remain in permanent housing. The description must be consistent with other parts of this application and identify:

- Plan to move eligible participants into the project
- Needs of tenants and plan for addressing those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services
- How units will be identified and rent reasonableness will be determined

D. Describe how participants will be assisted to increase employment and/or income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:

- Needs of target population and services required
- How tenants will access these services
- Coordination with other providers and mainstream systems
- How tenants will access SSI/SSDI and other mainstream benefits
- Unique needs of youth (if applicable)

E. Describe how you will coordinate effort with and connect tenants to mainstream employment organizations. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready).

F. Please identify whether the project will include the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? ☐Yes ☐No
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed? ☐Yes ☐No
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? ☐Yes ☐No
- Indicate the last SOAR training date for the staff person providing the technical assistance: _____

12. Supportive Services Type and Frequency:

A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services.**

For Provider, indicate: "Applicant" if the applicant will provide the service directly; "Subrecipient" if a subrecipient will provide the service directly; "Partner" if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, "Non-Partner" to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

Supportive Services	Provider	Frequency – select one per service type				
		Daily	Weekly	Bi-monthly	Monthly	N/A
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc) to the proposed project?

- ☐ Yes, very accessible
- ☐ Somewhat accessible
- ☐ Not accessible

13. Population Characteristics

Population Characteristics	Persons in HH's with At Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

Totals from Above:

Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under 18				
Total Persons				

14. Subpopulations – For PSH, each person must be listed as chronically homeless and at least one adult in each household must be listed as disabled. DV is not considered a disability by HUD.

Households with At Least One Adult and One Child

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Dom. Violenc e	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

Adult Households without Children

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18- 24									
Non-disabled Adults ages 18- 24									
Total Persons									

Households with Only Children

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chroni c Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccom- panied Disabled Children >18									
Unaccom- panied Non- Disabled Children >18									
Accom- panied Disabled Children >18									
Accom- panied Non- Disabled Children >18									
Total Persons									

15. Outreach for Participants

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

___ Persons who came from the street or other locations not meant for human habitation

___ Persons who came from Emergency Shelters

___ Persons who came from safe havens

___ Persons eligible under category 4 – e.g., fleeing DV, stalking , violence (see appendix for definition)

___ Total of above percentages

B. Describe the outreach plan to bring eligible homeless participants into the project.

16. HMIS Participation

a. Does your agency currently participate in HMIS? ☐ Yes ☐ No

b. Will your agency enter data into the HMIS for this proposed project?

☐ Yes ☐ No

17. Budget detail

Rental Assistance Budget (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2017 FMRs:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/select_Geography.odn

Indicate the Type of Rental Assistance: ☐ Project Based ☐ Tenant Based

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
Totals				

Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Budget Request
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total Operating Request		

Supportive Services: Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

Eligible Costs	Quantity Description (max 400 characters)	Annual Budget Request
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Employment Services		
Food		
Housing Search/Counseling		
Legal Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits (only if not included in lease agreement)		
Total Annual Assistance Requested for Supportive Services		

Sources of Match – Please complete the match table below.

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC Program grant funds for that activity. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (with cash or in-kind resources). Match resources may be from public or private resources.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	DMHAS	G	6/15/17	\$10,000
			TOTAL:	\$

APPENDIX

CT BOS Policy - Adoption of HUD Notice CPD 16-11

Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:

All CT BOS CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each CAN's homeless population for prioritization decisions.

This by-name list uses the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

Accepting Referrals through a Single Prioritized List for PSH

All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:

When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT BOS CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:

- People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth. Housing Placement Teams will determine

prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.

- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.

Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT BOS recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

Prioritizing access to PSH when participants are transferred from a different PSH project:

Existing PSH participants being transferred from a different CTBOS PSH project are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be considered both within and across CAN's and Sub-CoCs to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing CT BOS PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT BOS covered geography over eligible applicants residing in another CoC.

Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:

When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with CANs to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (local CAN region) where the vacancy exists.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the sub- CoC's geographic area at that time.

DEFINITIONS OF KEY TERMS:

Category 4 – HUD Homeless Definition. HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Chronically Homeless. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

Chronically Homeless. The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

1. **(a)** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a

break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disabling Condition:

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

CT BOS Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness."
 - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
 - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a

project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
- Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
- No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
- Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

Program Name: _____

Evaluator: _____

ATTACHMENT 8

2017 Balance of State Continuum of Care Scoring Sheet for NEW Permanent Housing Project Applications

Applicant Organization Name: _____

Proposed Project Name: _____

Project Location (town(s)): _____ Type of Project: ☐ PSH ☐ RRH

Reviewer's Name: _____

SCORES

Section 1 - Applicant Experience:	_____ of 10
Section 2 – Prioritizing Need (PSH) and Outreach (RRH)	_____ of 10
Section 3 – Housing First	_____ of 10
Section 4 – Supportive Service	_____ of 20
Bonus Points	_____ of

FINAL SCORE

Section 1 - Organizational Experience and Capacity - 10 points	
Overall experience and organizational capacity (5 points) • See Questions 9 - A, B, C, D, and E - o Does the organization(s) appear to have the experience to operate HUD funded permanent housing program for homeless persons? - o Does the organization have experience operating a Housing First program? - o Is there a clear organizational structure/financial accounting? - o Does the organization have experience using and leveraging Federal Funds?	Score
Compliance with HUD/CoC Requirements (5 points) • See Questions 9- F, G, H, I , J and K - o Has the organization recently been audited re: outcomes/Unresolved Monitoring? - o Does the organization have significant amounts of unspent funding over last two years? - o Does the organization conduct timely HUD drawdowns? - o Did the organization submit APRs over last two years on time?	Score

Section 2 - Prioritizing Highest Need (PSH) – 10 points**See “Project Description – Question 10” and Question 10D****Extent to which the applicant:**

- o Demonstrates that they will first serve the chronically homeless and then prioritize as outlined in *CT BOS Policy: Adoption of HUD Notice CPD 16-11*. **(4 points)**
- o Clearly describes the system it currently uses to determine severity of need for the chronically homeless. **(2 points)**
- o Clearly describes its process for prioritizing persons with the most severe needs. **(2 points)**
- o Clearly describes the outreach process used to engage chronically homeless persons living on the streets and in shelter. **(2 points)**

Questions to consider:

- Does the applicant demonstrate a clear understanding of the order of priority established in *CT BOS Policy: Adoption of HUD Notice CPD 16-11*
- Does the applicant describe a specific plan for how the project will participate in the CoC’s coordinated assessment system?
- Does the applicant describe a plan for an outreach process to engage those persons that is that is adequate and consistent with the Notice?
- Does the applicant identify specific and appropriate programs (street outreach, shelters, safe havens, and/or local CAN) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that eligible persons are served with the most severe needs are served?

Score**Section 2 - Effective outreach system (RRH only) - 10 points**

	Score
See “Project Description – Question 10” & “Outreach for Participants - Questions 15A & 15B ” in Application Extent to which the applicant: - o Clearly describes a specific plan for how the project will participate in the CoC’s coordinated assessment system (4 points) - o Clearly describes the outreach process used to engage chronically homeless persons living on the streets and in shelter. (3 points) - o Clearly describes a plan for obtaining referrals that will ensure the project operates at full capacity and serves only eligible people (3 points) Questions to consider: • Does the applicant describe a specific and viable plan for how the project will participate in the CoC’s coordinated assessment system? • Does the applicant describe a plan for an outreach process to engage those persons that is that is adequate and consistent with the Notice? • Does the applicant identify specific and appropriate programs (street outreach, shelters, and/or local CAN) from which it obtains referrals of potential eligible program participants that will ensure the project operates at full capacity and that only eligible persons are served?	

Section 3 – Housing First – 10 points	
See “Project Experience – 9A,” “Project Description – 10A” and QUESTION 10E Extent to which the applicant: ○ Demonstrates significant and long-standing experience in operating a housing first program. (2 points) ○ Demonstrates success of the existing housing first program(s) it operates. (2 points) ○ Clearly describe a program design that is consistent with a Housing First approach (i.e., A model of housing assistance that is offered without preconditions, such as sobriety or a minimum income threshold, or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals) (6 points) Questions to consider: • Does the applicant clearly demonstrate a model that offers initial access to housing without preconditions, such as sobriety, income requirements and service participation? • Does the applicant clearly demonstrate a model in which continuation of housing is not contingent on service participation requirements or compliance? • Does the applicant clearly demonstrate that rapid placement and stabilization in permanent housing are primary goals of the project? • Does the applicant clearly describe a project design that is adequate to accomplish those goals?	Score
Section 4- Supportive Services (20 points)	
See Questions 11 A-F	
Obtain/Retain permanent housing and Assist w/ability to live independently (10 points) • Is there a clear description of how eligible participants obtain housing? • Does the organization clearly explain how participants will be assisted to maintain their housing unit? • Does the organization describe a sound plan for promoting independence for participants?	Score
Assistance with obtaining mainstream benefits (5 points) • Is there a clear plan to ensuring that participants are given an opportunity to secure mainstream benefits and other services?	Score
Assistance with increasing income/employment (5 points) • Is there a clear plan to assist households in increasing their income from any source and/or increase income through employment?	Score
Bonus Points (5 points)	
Bonus points for projects that provide information on their coordinated effort with mainstream employment organizations (including examples)	Score

ATTACHMENT 9

Ranking and Bonus Policy Decisions

CT BOS CoC 2017

Adopted 8/18/2017

Background:

In the annual CoC competition, HUD requires communities to rank projects for funding in two tiers based on performance and community priorities. Projects in the first tier are ensured funding as long as the CoC meets minimum HUD requirements on the annual CoC application. Projects in Tier 1 are awarded on a CoC basis (in other words, all projects in a CoC's Tier 1 that meet HUD's minimum thresholds will be funded). Tier 1 equals 94% of the CoC Annual Renewal Amount.

Projects in Tier 2 are scored on a 100 point basis and each project competes against every other Tier 2 project across the nation. HUD awards funding to Tier 2 projects in order of scores until it allocates all available CoC funds. HUD estimates that it has enough funds to cover all renewals and some new projects in 2017. The scoring threshold for funding Tier 2 projects has been in the low to mid-70's in the past few years. Tier 2 equals 6% of the communities Annual Renewal Amount plus the New Project Bonus of 6%.

Tier 2 Scoring:

- Total of 100 points
- 50 points based on CT BOS CoC 2017 Application Score (last year's score was 179.5 which would calculate at about 45 points)
- 10 points for projects being Housing First
- 40 points based on relative ranking of project as compared to total amount in Tier 2 - smaller projects get higher scores (algebraic equation)

Historically, the CT BOS CoC has ranked projects using a combination of performance evaluation scores, model type and the best mathematical scoring advantage to maximize funds received by the CoC. Reallocated projects and HMIS have historically been placed in Tier 1 to ensure funding. Bous projects have been ranked at the bottom of Tier 2.

The CoC support team evaluated 65 scenarios to determine how ranking would affect Tier 2 scores. See page 3 for ten of these scenarios. The CT BOS CoC SC voted to adopt Scenario #64 from page 3.

2017 Funding Amounts:

CT BOS 2017 ARD (Annual Renewal Demand) = \$33,413,121

Tier 1: 94% of ARD = \$31,408,616

Tier 2: 6% of ARD plus Bonus = \$4,009,310

- 6% of ARD = \$2,004,505

- Bonus for New Permanent Housing Projects = \$2,004,805

2017 Ranking Order (adopted by the Steering Committee on 8/18/2017):

- Renewal Projects that have been evaluated in order of CT BOS CoC Evaluation Score and HMIS
- Renewal and Reallocation Projects for Coordinated Entry System (CES) in Tier 1
- Remaining Evaluated Renewal Project(s) in order of score on CT BOS Evaluation
- First time Renewal Projects that have not yet been evaluated yet ranked from smallest to largest budget amount
- 2 New PSH Bonus projects in order of score on project application with the State of CT as applicant and nonprofits as sub-recipients. The bonus will be split into two projects at 40% and 60% of \$2,004,805 for maximum scoring advantage – approximately \$800,000 and \$1,200,000.



CT BOS CoC Ranking Strategy Steering Committee Decision

1 message

CT BOS CoC <ctboscoc@gmail.com>

Tue, Aug 22, 2017 at 12:12 PM

Bcc: dreamhomes@arcforpeace.org, La Keisha Kinsey <lkinsey@safefuturesct.org>, nzitto@tvcca.org, "Phyllis J. 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Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear CT BOS:

Attached please find the CT BOS CoC Ranking Strategy for the 2017 HUD CoC NOFA. Ranking decisions were made at the CT BOS Steering Committee meeting on 8/18/17.

Sincerely,
CT BOS Team



Ranking Strategy Steering Committee Decision 8-18-2017.docx

95K



Connecticut Balance of State Continuum of Care

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Process for Reallocation 2017 CoC Program Competition

The Connecticut Balance of State (CT BOS) CoC has implemented a comprehensive reallocation process that uses performance data to determine how efficiently and effectively expend available CoC program resources to improve system performance and end homelessness within the CoC. The CoC has reallocated projects in every annual competition since 2013. The 2017 reallocation process is described below.

CoC History of Reallocation

- The CoC has reallocated over \$3.4 million since 2014.
- Competitive application process through the years has funded new Permanent Supportive Housing units that are 100% dedicated to chronically homeless persons.
- The CoC reallocates funds to new projects whenever reallocation would improve outcomes, result in more efficient use of resources and/or reduce homelessness.
- The CoC has reallocated funds each year from projects that were under performing, using outdated program models, under spending and/or had high costs.
- Projects have always had the option to voluntarily reallocate to make better use of CoC resources, provided the new project met CoC priorities and had a viable model and quality program design.

CoC conducts a transparent, comprehensive project review annually.

- The CoC Steering Committee (i.e. CoC Board), with input from a broad range of stakeholders, establishes a methodology to comprehensively review project quality, performance and cost effectiveness annually. That process is disseminated widely via email and posted to the web.
- That methodology uses objective, performance-based scoring criteria and selection priorities that are approved by the Steering Committee to determine the extent to which each project is improving CoC Systems Performance, successfully helping homeless people to quickly obtain and retain housing without unnecessary barriers and to increase their income.
- The CoC also considers factors including, efficient use of resources, including how much each project spends to serve and house an individual or family as compared to other projects serving similar populations and the extent to which the project is fully expending its award.



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The CoC offers providers education & technical assistance regarding reallocation.

- Information on review criteria, reallocation opportunities and requirements is shared at Steering Committee meetings and disseminated to the CoC membership via SubCoCs, semi-annual public meetings and minutes.
- The CoC consultants provide technical assistance to providers interested in voluntary reallocation and those selected for reallocation by the Steering Committee.

The CoC solicits New Project Applications for reallocated funds.

- The CoC welcomes and solicits new project applications from all eligible organizations (including those that have never received CoC Program funds) as follows - See evidence included as **Attachment 1**:
 - CoC posts new project application publicly on CoC website
 - CoC sends information about the RFP opportunity out to its email list, which includes more than 460 individuals.
 - CoC partners widely distribute information about the RFP opportunity to their email lists, which include dozens of organizations that do not currently receive and have never received CoC program funds.

ATTACHMENT 1

CT Balance of State Continuum of Care 2017 Application for New Housing Projects (PSH & RRH)

INSTRUCTIONS

This is the application for CT Balance of State Continuum of Care (CT BOS) permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available. In the 2016 CoC Competition, CT BOS was able to seek \$1,629,924 for new projects and was awarded \$814,962.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be included in the CT BOS 2017 CoC Application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition.

Please note that this application is based on the best information that is currently available and CT BOS may need to revise the requirements described below and/or request additional information after the 2017 HUD CoC NOFA is released.

All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.

All applications are due by June 23, 2017 and should be sent to: ctboscoc@gmail.com.

Project Requirement and Priorities:

- Eligible activities/projects for the Funds:

- o All projects must be Permanent Supportive Housing or Rapid Re-Housing
- o Projects can request funds for:
 - PSH: Rental assistance (tenant or project based only) or operating funds, supportive services, admin
 - RRH: Rental assistance (tenant based only), supportive services, admin
- o Term – 1 year
- o Eligible Supportive Services Costs are limited to the categories included in Section 17. Budget Detail.
- o Operating funds or project based rental assistance may be used for units owned by the applicant organization. These must be units newly designated to serve homeless people and ready for occupancy no later than 6 months after the award of funds. Awards are anticipated to occur in approximately December 2017. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term.
- o Projects applying for RRH should include at least \$4,000 per household served at a point in time for supportive services. For example, if the project will support 20 households at a given point in time, the annual supportive services budget should be at least \$80,000.
- o Projects applying for PSH should include at least \$5,000 per household annually for supportive services.
- o Projects cannot request rental assistance and operating funding in the same project.
- o Projects must agree to enter client data into the CT HMIS, participate in the annual homeless count, participate in and accept referrals only from the applicable **Coordinated Access Network(s)** and comply with all other HUD requirements and CT BOS CoC Policies.
- o Applications must demonstrate:
 - A plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award (i.e., by no later than June 2018).
 - A connection to **mainstream service systems**, specifically:
 - 1) that services are in place to identify and enroll all Medicaid-eligible program participants and to connect Medicaid-enrolled participants to Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability.
 - 2) that services are in place to connect participants to mainstream resources, including benefits, health insurance and employment services
 - 3) for stable PSH participants, that the project will assess participants' interest in moving on to independent affordable housing and offer assistance, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.
 - Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the CT BOS CoC SC (see the CT BOS Housing First Principles in the Appendix).
 - A plan for outreach to the eligible population (see below).
 - That they meet HUD's match requirements. See Section #17, Sources of Match.

- Eligible localities:
 - Projects must be located within the CT BOS CoC regions of the State. This includes all the cities and towns in the following counties: Hartford, Litchfield, New Haven, New London, Windham, Tolland, Middlesex; and the City of Danbury.
- Eligible populations:
 - PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD (See Appendix).
 - Project applicants must demonstrate that they will first serve the chronically homeless and then prioritize as outlined in *CT BOS Policy: Adoption of HUD Notice CPD 16-11* (See Appendix).
 - Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix)
 - RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations. Persons in transitional housing **are not eligible** for either project type, even if they met the criteria described above prior to entering the transitional housing program.
- Eligible applicants:
 - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
 - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
 - Applications shall only be considered from applicants who are not in corrective action status as a result of a 2017 CT BOS project evaluation.

New Project Application 2017 CT BOS Continuum of Care

- Applications are due by COB on June 23, 2017 and should be sent to: ctboscoc@gmail.com
- Please contact ctboscoc@gmail.com for questions about the form or process.
- Please save your document with the following naming convention:
 <Agency name –Program name-NEW CTBOS17>.
 Example: ABC Services-Home to Stay-NEW CTBOS17.doc
- The CoC reserves the right not to review late or incomplete applications or projects that do not meet the HUD threshold or Project Requirements and Priorities described above.

1. Project Applicant Information:

- Name of Organization: _____
- Organization Type

☐ Units of Local Government
☐ Non-profit 501(c)(3)
☐ PHA

☐ State Government
☐ Other: Describe _____
- DUNS Number: _____

2. Sub-Recipient Organization (if applicable):

- Name of Organization: _____
- Organization Type

☐ Units of Local Government
☐ Non-profit 501(c)(3)
☐ PHA

☐ State Government
☐ Other: Describe _____
- DUNS Number: _____

3. Contact person for this application:

- Name: _____ Title: _____
- Phone: _____
- Email: _____

4. Project Location (town(s) or CAN): _____

5. Type of Project: ☐ PSH ☐ RRH

6. Proposed Project Budget

Activities	Total Assistance Requested
1. Rental Assistance	
Indicate Type of RA: ☐ TBRA (required for RRH) ☐ PBRA	
2. Supportive Services	
3. Operations	
4. Administrative costs (Up to 7% of amount requested)	
5. Sub-total Request (Add lines 1-4)	
6. Cash Match	
7. In-kind Match	
8. Total Match (Add lines 6&7) – must equal at least 25% of line #5	
9. Total Budget (Add lines 5 & 8)	

7. Housing Type

- a. Type: ☐ Single Site ☐ Scatter Site
- b. Total Number of Units: _____
- c. Total Number of Beds: _____

8. A. Population to be Served in the Project (Point-in-Time)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

B. Population to be Served in the Project (Annually – over the course of a year)
(Not applicable for PSH - Applies to RRH only)

Households	HH's with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

9. Experience of Applicant/Sponsor

A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project. Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications 2) working with and addressing the target population's identified housing and service needs. Specifically describe your experience with: • the Housing First model • delivering or securing Medicaid funded services for participants in the agency's programs • linking participants to mainstream resources, including benefits, health insurance, employment services, and mainstream affordable housing • assessing stable participants' interest in moving on to independent affordable housing and offer assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities (PSH ONLY)
B. Describe experience of project applicant and partners (if applicable) relating to serving the eligible population you are proposing to serve.
C. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include description of internal and external coordination, structures for managing basic organization operations, and an adequate financial accounting system that will be used to administer the grant.
D. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
E. Describe the experience of the applicant and potential subrecipients (if any) in identifying and securing matching funds and leveraging other Federal, State, local, and private sector funds. If the applicant and subrecipient have no experience, indicate "No experience leveraging other Federal, State, local or private sector funds."

F. Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? yes ☐ no ☐

If yes, were there any findings from the audit? yes ☐ no ☐

If there were findings, please describe the findings and your agency's corrective actions to satisfy the findings and attach a copy of the corrective action plan that you submitted to HUD.

G. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

☐ Yes ☐ No

- If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.

H. Have you returned any funds to HUD on any existing grants in the last two years?

☐ Yes ☐ No

- If yes, how much has been returned?
- What is the reason that the funds have been returned?
- What actions are you taking to ensure full spending?

I. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?

☐ Yes ☐ No

- If yes, how much is owed?
- What is the reason for the obligation to HUD?
- What is preventing establishing a payment schedule?

J. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years? ☐ Yes ☐ No

- What is the reason that the funds have not been drawn down?
- What actions are you taking to ensure timely draw down?

K. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years? ☐ Yes ☐ No

- What is the reason that APRs were late?
- What actions are you taking to ensure timely submission?

10. Project Description

A. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify the target population including the number of single adults and the number of families with children to be served when the project is at full capacity.

- Address and location of units
- Type and number of units – scatter site or single site, single or multi-family homes, etc
- The specific services that will be provided and outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid and other mainstream services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

C. Will the project receive referrals only through the local Coordinated Access Network?

☐ Yes

☐ No

If No, please explain.

D. PSH Only: Describe recipient/subrecipient capacity for assessing need, prioritizing persons with the most severe needs and outreaching to identify chronically homeless people and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in HUD Notice CPD 16-11 (*SEE APPENDIX*).

E. Describe recipient/subrecipient experience with and a description of the program design for implementing Housing First.

F. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? ☐ Yes ☐ No

Will more than 16 persons reside in a structure? ☐ Yes ☐ No

If yes, please answer the following questions

- Describe local market conditions that necessitate a project of this size.

G. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

11. Supportive Services for Participants

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, as updated by the Every Student Succeeds Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

☐ Yes

☐ No

B. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

☐ Yes

☐ No

C. Describe how participants will be assisted to obtain and remain in permanent housing. The description must be consistent with other parts of this application and identify:

- Plan to move eligible participants into the project
- Needs of tenants and plan for addressing those needs including but not limited to: health, behavioral health, education, employment, life skills and child care services
- How units will be identified and rent reasonableness will be determined

D. Describe how participants will be assisted to increase employment and/or income and to maximize their ability to live independently. The description must be consistent with other parts of this application and identify:

- Needs of target population and services required
- How tenants will access these services
- Coordination with other providers and mainstream systems
- How tenants will access SSI/SSDI and other mainstream benefits
- Unique needs of youth (if applicable)

E. Describe how you will coordinate effort with and connect tenants to mainstream employment organizations. These are organizations that provide job readiness, job training, and/or employment opportunities for all individuals and not exclusively for homeless individuals (e.g. Labor Ready).

F. Please identify whether the project will include the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? ☐Yes ☐No
- Regular follow-ups with participants to ensure mainstream benefits are received and renewed? ☐Yes ☐No
- Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? ☐Yes ☐No
- Indicate the last SOAR training date for the staff person providing the technical assistance: _____

12. Supportive Services Type and Frequency:

A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services.**

For Provider, indicate: "Applicant" if the applicant will provide the service directly; "Subrecipient" if a subrecipient will provide the service directly; "Partner" if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, "Non-Partner" to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

Supportive Services	Provider	Frequency – select one per service type				
		Daily	Weekly	Bi-monthly	Monthly	N/A
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc) to the proposed project?

- ☐ Yes, very accessible
- ☐ Somewhat accessible
- ☐ Not accessible

13. Population Characteristics

Population Characteristics	Persons in HH's with At Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

Totals from Above:

Total Number of Adults over age 24				
Total Number of Adults ages 18-24				
Total Number of Children under 18				
Total Persons				

14. Subpopulations – For PSH, each person must be listed as chronically homeless and at least one adult in each household must be listed as disabled. DV is not considered a disability by HUD.

Households with At Least One Adult and One Child

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Dom. Violenc e	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

Adult Households without Children

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18- 24									
Non-disabled Adults ages 18- 24									
Total Persons									

Households with Only Children

	Chron. Homlss Non- Vets	Chron. Homlss Vets	Chroni c Subs. Abuse	Persons with HIV/ AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccom- panied Disabled Children >18									
Unaccom- panied Non- Disabled Children >18									
Accom- panied Disabled Children >18									
Accom- panied Non- Disabled Children >18									
Total Persons									

15. Outreach for Participants

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

___ Persons who came from the street or other locations not meant for human habitation

___ Persons who came from Emergency Shelters

___ Persons who came from safe havens

___ Persons eligible under category 4 – e.g., fleeing DV, stalking , violence (see appendix for definition)

___ Total of above percentages

B. Describe the outreach plan to bring eligible homeless participants into the project.

16. HMIS Participation

a. Does your agency currently participate in HMIS? ☐ Yes ☐ No

b. Will your agency enter data into the HMIS for this proposed project?

☐ Yes ☐ No

17. Budget detail

Rental Assistance Budget (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals. Link for 2017 FMRs:

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2017_code/select_Geography.odn

Indicate the Type of Rental Assistance: ☐ Project Based ☐ Tenant Based

Unit Size	No. of Units	FMR (Insert local FMR)	Term (12 months)	Total Costs (\$)
Efficiency		\$	X 12 months	
1 Bedroom		\$	X 12 months	
2 Bedroom		\$	X 12 months	
3 Bedroom		\$	X 12 months	
4 Bedroom		\$	X 12 months	
Totals				

Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Budget Request
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total Operating Request		

Supportive Services: Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

Eligible Costs	Quantity Description (max 400 characters)	Annual Budget Request
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Employment Services		
Food		
Housing Search/Counseling		
Legal Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits (only if not included in lease agreement)		
Total Annual Assistance Requested for Supportive Services		

Sources of Match – Please complete the match table below.

Match is actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC Program grant funds for that activity. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (with cash or in-kind resources). Match resources may be from public or private resources.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	DMHAS	G	6/15/17	\$10,000
			TOTAL:	\$

APPENDIX

CT BOS Policy - Adoption of HUD Notice CPD 16-11

Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:

All CT BOS CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each CAN's homeless population for prioritization decisions.

This by-name list uses the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

Accepting Referrals through a Single Prioritized List for PSH

All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:

When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT BOS CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:

- People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth. Housing Placement Teams will determine

prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.

- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.

Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).

Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT BOS recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

Prioritizing access to PSH when participants are transferred from a different PSH project:

Existing PSH participants being transferred from a different CTBOS PSH project are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be considered both within and across CAN's and Sub-CoCs to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing CT BOS PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT BOS covered geography over eligible applicants residing in another CoC.

Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:

When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with CANs to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (local CAN region) where the vacancy exists.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the sub- CoC's geographic area at that time.

DEFINITIONS OF KEY TERMS:

Category 4 – HUD Homeless Definition. HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

Chronically Homeless. The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

Chronically Homeless. The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

1. **(a)** A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a

break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

Disabling Condition:

Disabling Condition is defined by HUD as a condition that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; (2) A developmental disability, as defined in this section; or (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

CT BOS Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness."
 - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
 - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a

project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
- Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
- No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
- Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

**CT BOS CoC - New Project Application**

1 message

CT BOS CoC <ctboscoc@gmail.com>

Fri, May 26, 2017 at 9:34 AM

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Connecticut Balance of State Continuum of Care

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

Dear Colleague,

The CT Balance of State Continuum of Care (CT BOS) is seeking applications for new permanent supportive housing and rapid re-housing projects. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available. In the 2016 CoC Competition, CT BOS was able to seek \$1,629,924 for new projects and was awarded \$814,962.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.

- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Project Application Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

Attached is an application containing additional details and instructions on how to apply. Agencies in corrective action are not eligible to apply for new funds; corrective action letters will be sent out next week. Please contact us at ctboscoc@gmail.com if you have questions.

All applications are due by COB on Friday, June 23, 2017 and should be sent to: ctboscoc@gmail.com.

Sincerely,

Steve DiLella and John Merz, Co-Chairs



CT BOS New Project Application 2017..docx

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WORK IN THE FIELD

Connecticut

Connecticut Super Utilizer Initiatives

Connecticut Supportive Housing Quality Initiative

Families and Youth

► **CT Balance of State Connecticut Supportive Housing Initiative**

Eastern Region

Western Region

Central Region

Los Angeles, CA

Southern CA

Illinois

Indiana

Michigan

Minnesota

New Jersey

Greater Metro Region (NY, NJ, PA)

Ohio

Pacific Northwest

Rhode Island

Texas

[Eastern Region : Connecticut](#)**CT Balance of State Continuum of Care**

The Connecticut Balance of State CoC is a coordinated, comprehensive and strategic organizational structure mandated by HUD to receive homeless assistance funding. Within the CoC, community service providers, public housing authorities, non-profit organizations, and local and state governments form a consortium to address local homelessness and housing issues.

Each year, the CT Balance of State Continuum of Care accepts applications for new supportive housing projects to be funded through the HUD McKinney Vento Competition. The Steering Committee established requirements and priorities for new applications.

CSH provides technical assistance and support to the Balance of State CoC in Connecticut. And each year, we're happy to share information with our local service providers on how to apply for HUD McKinney Continuum of Care funds.

CT BOS 2017 HUD PROJECT COMPETITION[CT BOS Project Ranking Strategy-POSTED 9/21/17](#)**2017 CT BOS RENEWAL EVALUATION DOCUMENTS**[2017-CT-BOS-Project-Info-Form-POSTED 12/22/16](#)[2017-CT-BOS-Provider-Agency-Data-Form-POSTED 12/22/16](#)[2017-Renewal-Program-Evaluation-Standards-POSTED 12/22/16](#)[Instructions-on-Accessing-HMIS-APR-report-POSTED 12/22/16](#)[2017 CT BOS Consumer Survey Links-POSTED 12/22/16](#)[2017 CT BOS Consumer Survey – Spanish-POSTED 12/22/16](#)[2017 CT BOS Consumer Survey – English-POSTED 12/22/16](#)**CT BOS NEW PROJECT APPLICATION 2017**[CT BOS New Project Application 2017 – POSTED 6/5/17](#)

CT Balance of State Continuum of Care (CT BOS) is seeking applications from providers to apply for permanent housing funds, including both permanent supportive housing and rapid re-housing. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available.

The following types of new projects will be considered:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 – fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be included in the CT BOS 2017 CoC Application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition. Please note that this application is based on the best information that is currently available and CT BOS may need to revise the requirements described below and/or request additional information after the 2017 HUD CoC NOFA is released. All applications will be reviewed to ensure they meet HUD's Threshold Standards. Applications that do not meet these standards will not be further reviewed.

All applications are due by June 23, 2017 and should be sent to: ctboscoc@gmail.com.

CONNECTICUT BOS APPLICATIONS FOR NEW SUPPORTIVE HOUSING

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CONNECTICUT BOS APPLICATIONS FOR NEW SUPPORTIVE HOUSING

June 6, 2017

The Connecticut Balance of State Continuum of Care (CT BOS) is seeking applications for new supportive housing and rapid re-housing projects. Projects may be funded through both permanent housing bonus and/or any available reallocation funds. HUD has not yet announced the amount of funds that will be available.

The following types of new projects will be considered:

New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.

New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Project Application Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

[Click here to access the CSH CT BOS page](#), which hosts the application, additional details and instructions on how to apply. Agencies in corrective action are not eligible to apply for new funds; corrective action letters will be sent out next week. Please contact us at ctboscoc@gmail.com if you have questions.

All applications are due by COB on Friday, June 23, 2017 and should be sent to: ctboscoc@gmail.com.

► CSH Charrettes



Let CSH help jumpstart your community's plan to end homelessness!

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ATTACHMENT 1

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| WHAT WE CARE ABOUT

| WHAT YOU CAN DO



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CT BOS CoC Seeks Applications for New Housing Projects

June 07, 2017

CSH



The [Connecticut Balance of State Continuum of Care \(CT BOS CoC\)](#) is requesting applications for its New Housing Projects Request for Proposal. Providers have the unique opportunity to inform the new projects that the CT BOS CoC can include in its 2017 U.S. Dept. of Housing and Urban Development Notice of Funding Availability Application. The projects can include both permanent supportive housing and rapid re-housing proposals. The selected projects will be added to CT BOS 2017 CoC application to the Dept. of Housing and Urban Development.

All Applications and questions should be submitted to ctboscoc@gmail.com. Applications are due by June 23, 2017.

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Connecticut Homeless Management Information System (CT HMIS) Lead Agency

MEMORANDUM OF UNDERSTANDING

between

The Connecticut Coalition to End Homelessness and

Balance of State Continuum of Care

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (MoU) is to confirm agreements between each of Connecticut's Continuum of Care (CoC) as acknowledged by the U.S. Department of Housing and Urban Development and the Connecticut Coalition to End Homelessness (CCEH), related to management of the Connecticut Homeless Management Information System (CT HMIS). This MoU establishes CCEH as the CT HMIS Lead Agency for the each CoC and the state as a whole, defines general understandings, and defines the roles and specific responsibilities of each party relating to key aspects of the governance and operation of the HMIS Project.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) and Emergency Solutions Grant program (ESG) funding. CT HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through CT HMIS, homeless individuals benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through CT HMIS is critical to the preparation of a periodic accounting of homelessness in individual CoCs and the state of Connecticut, including required HUD reporting. The parties to this MoU recognize that thorough and accurate capture and analysis of data about homeless services and individuals is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating CT HMIS.

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MoU shall be for one calendar year from January 15th, 2017. While it is anticipated that this MoU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. The process of this review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance

The CoC is the lead planning group for HUD-funded efforts to end homelessness and for implementing and operating a homeless CoC system. As such and per HUD policy, the CoC is responsible for CT HMIS Project oversight and implementation, which encompasses planning, administration, software selection, and reviewing and approving of all policies, procedures, and data management plans governing Contributing CT HMIS Organizations (described below). The CoC's oversight and governance responsibilities are carried out by the statewide CT HMIS Steering Committee.

2. Contributing CT HMIS Organizations ("CHO") is a HUD term used in U.S. Department of Housing and Urban Development Homeless Management Information System (HMIS) Data and Technical Standards Final Notice

and in the CT HMIS Policies and Procedures manual, for an organization that operates a project that contributes data to an HMIS.

For purposes of this MOU and to provide consistency with the CT HMIS Agency MOU, a CHO is equivalent to a "Participating HMIS Agency" which is a legal entity responsible for one or more "Participating HMIS Programs" that is licensed to use the CT HMIS.

A CHO/Participating HMIS Agency is defined as an organization (inclusive of the CT HMIS Lead) that operates a provider program and a program-level, CT HMIS-compliant system (described below), whether or not it is a member of the CoC, and that contributes Protected Personal Information or other client-level data to the CT HMIS. Participating HMIS Agencies must enter into Participation Agreement MOUs in order to contribute such data to the CT HMIS. The authority to enter into Participation Agreement MOUs with Participating HMIS Agencies for the purposes of ensuring compliance with all applicable HUD and CoC HMIS Project requirements, including the operation of a program-level CT HMIS-compliant system, rests with the HMIS Lead Agency.

3. Program-level- HMIS-compliant System

A program-level HMIS-compliant system is defined as a client management information system operated by a provider program that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in Participating Agency HMIS Participation Agreement MOU.

This program-level HMIS compliant System is defined in the Participating Agency MOU as "...a computerized data collection application designed to capture information about homeless people and homeless programs over time. "CT HMIS" is the general name for one or more HUD-compliant software applications implemented and adopted in the state."

4. Participating HMIS Agency Administrator

A Participating Agency HMIS Administrator is defined as single point-of-contact established by each Participating Agency who is responsible for day-to-day operation of the CT HMIS, ensuring program-level data quality according to the terms of the Participation Agreement and associated data quality plan, and other policies and procedures.

In Connecticut these responsibilities are largely discharged by the CT HMIS Data Coordinator (HDC) defined in the Participating Agency MOU as "... an individual designated by each Participating HMIS Agency as responsible for ensuring that the Agency meets HMIS participation standards as outlined herein and in the CT HMIS Policies and Procedures."

5. Licensed End Users (End Users) are persons at the Participating Program and Participating HMIS Agency levels who require legitimate access to the software system and are granted such access after training and participating program authorization. Individuals with specific authorization and established roles within CT HMIS software can access the software application for the purpose of conducting data management tasks associated with their area of responsibility.

6. Software and Hosting

The CT HMIS Steering Committee has selected a single product - CaseWorthy - to serve as the sole CT HMIS Data system for all CoCs in Connecticut.

The authority to enter into contracts with CaseWorthy for the purposes of operating and overseeing CT HMIS is the responsibility of the CT HMIS Lead Agency, CCEH.

IV. GENERAL UNDERSTANDINGS

1. Funding

1a. HUD Grant(s)

HMIS Project activities are funded in part by HUD CoC grants. The CoC authorizes CCEH, as the HMIS Lead Agency, to apply for and administer these funds. The terms and uses of HUD funds are governed by the HUD CoC grant agreement and applicable rules.

1b. Cash Match

The HUD CoC grants require a cash match. As detailed below, CCEH is responsible for providing the commitment of the required local match for the HMIS grants.

2. Fees

CT HMIS activities are covered by federal, state and local funds. Expansion of CT HMIS is anticipated in the future. Funding options, including additional local contributions, will be explored by the CT HMIS Steering Committee to ensure ongoing operations and enhancement of CT HMIS.

3. Compliance with HMIS Standards

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS Project in compliance with HUD HMIS Technical Standards (2014), HUD HMIS Data Standards (2014), and other applicable laws. The parties agree to update this MoU (as provided in section VII, Amendment/Notices), other HMIS Project operational documents, and HMIS Project practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified timeframe for such changes.

4. Local Operational Policies and Agreements

All agencies within a CoC agree to operate within the most current release of CT HMIS Policies and Procedures, developed by the CT HMIS Steering Committee. These policies and procedures include but are not limited to an operating policies and procedures manual for use and management of data (including procedures for ensuring the security of data, disaster recovery, and data quality assurance), privacy policies and notices, data collection and technical standards, Participation Agreements, and End User Agreements. The parties agree to collaboratively develop and implement these agreements, policies and procedures for the three State Fiscal Year period of 7/1/13-6/30/16 and renewed from 7/1/16-6/30/19. Amendments and agreements may be authorized during this effective period.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

As needed, changes to the policies and procedures may be made from time to time at the request of CCEH or the CoC, through its Steering Committee, to comply with HUD HMIS standards or otherwise improve CT HMIS operations. During any such modification periods, all existing CT HMIS policies and procedures will remain in

effect until such time as the CT HMIS Steering Committee approves the changes.

1. CoC Responsibilities

The CoC serve as the lead HMIS Project governance body, providing oversight, project direction, policy setting, and guidance for the CT HMIS Project. The CoC exercises its responsibilities for CT HMIS governance through the CT BOS Steering Committee and the CT HMIS Steering Committee, effective as of the date of the authorization of this MoU. These responsibilities include:

- a) Ensuring and monitoring compliance with relevant HUD regulations and standards;
- b) Recording in official meeting minutes all approvals, resolutions, and other key decisions of the CoC that may be required by HUD rules related to the CT HMIS governing body;
- c) Designating the CT HMIS Lead Agency, *any vendor contracted for HMIS services*, and the software to be used for CT HMIS, and approving any changes to the CT HMIS Lead Agency, *any vendor contracted for HMIS services*, or software;
- d) Reviewing and approving all CT HMIS Project operational agreements, *subcontracts*, policies, and procedures;
- e) Reviewing data quality standards and plans, and establishing protocols for addressing CHOs' compliance with those standards;
- f) Promoting the effective use of CT HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;
- g) Using CT HMIS data to inform CoC program and system design, and measuring progress toward implementation of community Plans to End Homelessness and other CoC-established goals;
- h) Provide all local information as necessary for compilation of the annual Housing Inventory Count (HIC), the HMIS elements of the annual Point-in-Time (PIT) Count, Annual Homeless Assessment Report (AHAR), and Pulse Report; and
- i) Coordinating participation in the CT HMIS (and broader Continuum of Care) by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness.

2. CCEH Responsibilities

CCEH serves as the Lead Agency for the CT HMIS Project, managing and administering all CT HMIS operations and activities. CCEH exercises these responsibilities at the direction of the CT HMIS Steering Committee and its constituent CoC's. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, and are delineated in the following paragraphs. References below to the approval or adoption by the CoC is interpreted to include the approval or adoption of the several CoC's through the CT HMIS Steering Committee.

- a) Governance and Reporting
 - o Provide staffing for operation of the CT HMIS Project;
 - o Prepare the following data reports and analyses for review by the CoC and for submission to HUD:
 - At least annually, a point-in-time unduplicated count of clients served in the CT HMIS (for sheltered PIT Count, AHAR, and Pulse reports, or as required);
 - Annually, an unduplicated count of clients served in the CT HMIS over the course of one year (for AHAR);
 - At least annually, an accounting of lodging units in the HMIS (for HIC, AHAR, and Pulse reports, or as required); and
 - Quarterly, an unduplicated count of newly homeless clients (for Pulse reports);
 - o Prepare reports on the BOS CoC's progress on HEARTH performance measures as required by HUD regulations;

Ensure the consistent contribution of data that meets all HUD-established data standards to CT HMIS by, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;

- o Work with the CoC to facilitate participation by all homeless prevention and assistance programs and other mainstream programs serving homeless people to participate in CT HMIS;
- o Attend CT HMIS Steering Committee meetings;
- o Determine length of time that records must be maintained for inspection and monitoring purposes per HUD standards and ensure compliance with these standards;
- o Respond to CT HMIS Steering directives; and
- o Provide data needed to inform CoC's progress toward achieving goals laid out in its community Plan to End Homelessness (as applicable).

b) Planning and Policy Development

- o Manage and maintain mechanisms for soliciting, collecting and analyzing feedback from end users, homeless persons and Participating Agency personnel such as: CT HMIS administrators, program managers, and executive directors.
- o Identify general milestones for project management, including training and expanding system functionality;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement written policies and procedures for the operation of the CT HMIS Project, including requirements and standards, and provide for the regular update of these procedures as required by changes to policy;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a disaster recovery plan consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; and process and protections for victims of domestic violence included in CT HMIS;
- o Ensure privacy protection in project administration; and
- o Develop and, upon approval by the HMIS Steering Committee, execute CT HMIS Participation Agreements with each Participating HMIS Agency, including:
 - Obligations and authority of the CT HMIS Lead and the Agency;
 - Protocols for participation in CT HMIS;
 - Requirements of the policies and procedures by which the Agency must abide;
 - Sanctions for violating the CT HMIS Participation Agreement; and
 - Terms of sharing and processing Protected Identifying Information between the CT HMIS Lead and the Agency.

c) Grant Administration

- o Prepare and submit information relevant to HMIS for Project Application Renewals for HUD's NOFA responses for HUD grants in e-snaps;
- o Create annual budgets outlining the most efficient resource allocation to meet CT HMIS Project requirements;
- o Support CT HMIS by funding eligible CT HMIS activities with eligible matching sources to serve as the HUD-required match;
- o Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and to complete and submit APR for HMIS portion of HUD grants in e-snaps.

d) System Administration

- o Oversee the day-to-day administration of the CT HMIS system;
- o Manage contracts for CaseWorthy, which includes training for Participating Agencies and CCEH staff, and licensing of CT HMIS Server;
- o Ensure CT HMIS software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including unduplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;
- o Ensure CT HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality protections;
- o Develop standard reports and queries of CT HMIS data (e.g., data quality report, COC quarterly report, etc.);
- o Oversee and relate small- and large-scale changes to CT HMIS through coordination with CCEH, the CT HMIS Steering Committee and its Release Management Sub-Committee and CT HMIS administrators, as applicable;

e) End-User Administration

- o Provide or coordinate technical assistance and support;
- o Ensure documentation of technical issues experienced by providers;
- o Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:
 - Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security, data quality, CaseWorthy data entry;
 - Requires all relevant personnel to participate in trainings; it is the responsibility of the Local System Administration, often discharged through the HMIS Data Coordinator, to ensure end users at the Participating Agency receive training information. Participating Agency requirements are enumerated in the Participating Agency MOU and the CT HMIS Policies and Procedures.

f) Data Quality and Compliance Monitoring

- o Establish data quality benchmarks, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;
- o Consistent with the data quality plan, run and disseminate data quality reports on a quarterly basis to HMIS Participating Programs indicating levels of data entry completion, consistency with program model, and timeliness;
- o Consistent with the data quality plan, provide quarterly reports on CT HMIS participation rates, data quality and other analyses to the CT HMIS Steering Committee; and
- o Monitor compliance by all Participating Agencies with CT HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Participation Agreement and approved by the CT HMIS Steering Committee.

3. CT HMIS Steering Committee

As the HMIS in Connecticut is a statewide implementation, the CT HMIS Steering Committee has been established to ensure consistency and coordination across all CoC's and to manage many of the governance responsibilities for the CoC's in the state. The roles, responsibilities and composition of the CT HMIS Steering Committee are outlined in Policy 102 of the CT HMIS Policies and Procedures manual.

The CT HMIS Steering Committee is comprised of representatives from all of the CoC's in the state as well as the Sub-Regions of the CT Balance of State CoC. The CT BOS CoC representatives on this committee are the Steering Committee Co-Chairs who are authorized to participate and vote by the CT BOS Steering Committee. The other CoCs and the Sub-Regions of the BOS CoC designate their representatives to this committee.

VI. DATA ACCESS AND MANAGEMENT

CCEH will ensure that data that is maintained in the CaseWorthy software and will have access to all data entered. Data access and usage is governed by CT HMIS Policies and Procedures including Policy 113 "Release Management & Data Use Plan" calling for the creation of a data usage policy that is consistent with statewide data sharing (Policy 205) and with client confidentiality policies (Policy 207).

VII. AMENDMENT/NOTICES

This MoU may be amended in writing by either party. Notices shall be mailed or delivered to:

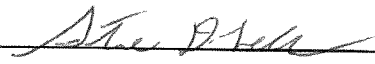
Connecticut Coalition to End Homelessness
Care of Brian Roccapriore, Director of HMIS and Strategic Analysis
257 Lawrence St.
Hartford, CT 06105

VIII. TERMINATION

Either party may terminate this MoU at a date prior to the renewal date specified in this MoU by giving 60 days written notice to the other parties. If the funds relied upon to undertake activities described in this MoU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MoU within 30 days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

IX. SIGNATURES

CoC Name Balance of State

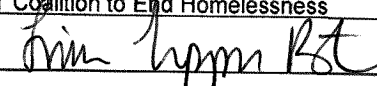
CoC Co-Chair 1 Signature 

Date of Co-Chair 1 Signature 1/20/2017

CoC Co-Chair 2 Signature 

Date of Co-Chair 2 Signature 1/20/2017

CT HMIS Lead Agency CT Coalition to End Homelessness

CCEH Executive Director Signature 

CCEH ED Signature Date 1/20/2017

CT Balance of State (CT BOS) Continuum of Care Policies
Revised 6/16/17
By CT BOS CoC Steering Committee

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I. CoC Overview

In accordance with HUD regulations (24 CFR Part 578), representatives from relevant organizations that serve homeless and formerly homeless individuals and other interested, relevant organizations within the following geographic areas, New Haven and its suburbs, Hartford suburbs, the Valley, Windham/Tolland Counties, Litchfield County, Manchester, New London/Norwich, Middletown/Middlesex, Bristol, Danbury, and New Britain have established a Continuum of Care to carry out the duties assigned in the aforementioned regulations. That Continuum of Care is named the Connecticut Balance of State Continuum of Care (CT BOS) and has established a Board, which is named the BOS Steering Committee in accordance with the process described in the by-laws included herein.

CT BOS is a united coalition of community and state systems that assist homeless and near homeless residents in the BOS region to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. CT BOS addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies and sub-CoCs that help comprise the CT BOS CoC.

The BOS Steering Committee has adopted the policies contained herein to ensure compliance with HUD regulations and to support efforts to assist homeless and near homeless residents in the BOS region to obtain housing, economic stability and enhanced quality of life. These policies were developed over time by the BOS Steering Committee. The policies were adopted in full by the Steering Committee on September 11, 2014 and may be amended by a majority vote at any meeting of the Steering Committee, with a quorum present. Amendments made by the Steering Committee subsequent to 9/11/14 have been incorporated accordingly.

II. CoC By-Laws

BYLAWS

Connecticut Balance of State Continuum of Care

Article I – Name

Section 1: The name of this association shall be the Connecticut Balance of State Continuum of Care.

Article II – Mission and Vision

Section 1: The mission of the Connecticut Balance of State (CT BOS) Continuum of Care (CoC), a united coalition of community and state systems, is to assist homeless and near homeless residents to obtain housing, economic stability, and an enhanced quality of life through comprehensive services.

Section 2: The vision of the CT BOS CoC is that within the next ten years, all persons and families experiencing the possibility of homelessness in Connecticut will have a permanent, safe, decent and affordable place to call home.

Article III – Purpose

Section 1: To receive funding through the U.S. Department of Housing and Urban Development (HUD), under HEARTH (formerly, the McKinney Vento Homeless Assistance Act), geographic regions are required to establish and maintain a Continuum of Care.

- A. The CT BOS CoC covers: all the cities and towns in the counties of Hartford, Litchfield, New Haven, New London, Windham, Tolland, Middlesex and the City of Danbury.
- B. The CT BOS CoC is designed to address critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies, Sub-CoCs and CANs that help comprise the CT BOS CoC. Avoiding duplication of efforts, leveraging resources, and coordinated planning are other purposes of the CoC.

Section 2: The CT BOS CoC assists in the coordination and development of services and housing for homeless and low-income persons with housing needs through planning, education and advocacy.

To achieve this purpose the CT BOS CoC will seek to:

- A. Enhance the knowledge of the service and housing providers to address the housing and service needs of homeless and formerly homeless persons in CT.
- B. Identify housing needs of homeless and low-income persons in Connecticut on an ongoing basis.
- C. Identify the gaps and needs of homeless households in Connecticut and participate in the process of prioritizing local, state and federal funding to meet these needs
- D. Support planning and development of housing and services to meet prioritized needs within Connecticut.
- E. Participate in the operation of and ongoing planning for a coordinated access system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services and helps direct those persons to the appropriate providers.
- F. Evaluate outcomes of projects funded under Emergency Solutions Grant and CoC programs and report to HUD.
- G. Ensure that there is a single Homeless Management Information System (HMIS) for the CT BOS CoC area.
- H. Ensure that there is a regular point-in-time count of homeless persons in the CT BOS CoC region at intervals that are at least as frequent as required by HUD.

Section 3: Lead Agency

- A. The lead agency for the CT BOS CoC is the CT Department of Mental Health and Addiction Services (DMHAS).

Section 4: Role of Regional Planning Bodies

- A. CT BOS is comprised of the following regions: Bristol, Danbury, Greater Hartford, Greater New Haven, Litchfield County, Manchester, New Britain, New London/Norwich, Middletown/Middlesex, Waterbury, and Windham/Tolland. Many of these regions have their own planning groups, known as Coordinated Access Networks (CANs) and/or Sub-CoCs, which guide the community's work around homeless housing and services. Each region is eligible to have one representative on the BOS Steering Committee. The Sub-CoCs and CANs are the core organizing and implementation entities for local implementation of housing and service initiatives intended to help to end homelessness. The Sub-CoCs and CANs bring local providers and stakeholders together to collaboratively address homelessness and plan for housing and services in their region.
- B. The Sub-CoCs and CANs work with the Coalition to End Homelessness to complete the Point-in-Time count (PIT) and the Housing Inventory Chart (HIC).
- C. CT BOS Steering Committee Representative from each region shares the planning and work being conducted in their communities as well as raise local issues of importance and concern for CT BOS CoC to address.

Section 5: Specific Tasks of the Continuum

- A. The CT BOS CoC evaluates renewal projects each year based on an agreed upon set of criteria/performance targets which includes but is not limited to: performance on HUD Annual Performance Report (APR), accuracy of budgets, HMIS data quality and consumer survey results.
- B. Each year the Continuum assesses the gaps and needs in the state and creates priorities for new project proposals based on the assessment.
- C. The CT BOS provides guidance and support to the localities that make up the CT BOS CoC.
- D. The CT BOS CoC seeks an equitable distribution of resources among the localities that make up the Continuum.
- E. The CT BOS CoC provides information needed for the Housing and Urban Development (HUD) annual application for CoC Program funding known as the Consolidated CoC application. The CT BOS CoC ensures that the application is reviewed and completed each year.
- F. The CT BOS CoC establishes performance targets, evaluation criteria and process for renewal projects.
 - i. Providers are asked to submit data such as consumer surveys and APRs before the CoC Program NOFA is released.
 - ii. Once the CoC Program NOFA is released, providers will submit project applications to CT BOS and HUD for review and evaluation.
- G. For projects that do not meet threshold requirements, the CT BOS CoC establishes corrective action plan criteria.
 - i. An agency in corrective action is unable to submit a new project application.

- ii. An agency in corrective action for two years jeopardizes ongoing receipt of HUD funding through a non-renewal vote by the CT BOS Steering Committee.
- H. An independent Scoring Committee (see Article V) evaluates and scores proposals submitted for new HUD funding according to funding priorities and other criteria as determined by the Steering Committee.
- I. Projects are ranked based on renewal criteria as adopted by the Steering Committee and new project scores as assigned by the independent Scoring Committee. Final project ranking is adopted by the Steering Committee, based on CoC priorities prior to submission with the annual CoC Consolidated application to HUD.

Article IV – Membership

Section I: Composition of CT BOS CoC

- A. Membership may be comprised of all individuals and agencies concerned with the development and coordination of homeless assistance programs.
Membership shall include but not be limited to:
 - Homeless or formerly homeless individuals and families
 - Non-profit organizations representing veterans and individuals with disabilities
 - Victim service providers
 - Faith-based organizations
 - Public housing agencies
 - Advocates
 - Mental Health agencies
 - School districts
 - Hospitals
 - Universities
 - Affordable housing developers
 - Law enforcement
 - Representatives of business and financial institutions
 - Representatives of private foundations and funding organizations
 - Social service providers
 - State and local government agencies
- B. There will be a full membership meeting, with published agendas at least semi-annually with an invitation for new members to join publicly available at least annually

Article V – Committees

CT BOS CoC shall have the following committees:

Section 1: Steering Committee (see description below in Article VI)

Section 2: An **Executive Committee** comprised of the co-chairs of the Steering Committee, and consultant shall be established to serve as the administrative arm of the CT BOS CoC. The Executive Committee provides planning for the CoC, ensures the

cooperation of members, preparation of reports, evaluation of systems and the development of necessary procedures to implement policies ratified by the CoC. The Executive Committee will review the annual CoC Consolidated Application to HUD and will research additional funding sources for the CoC agencies programs. The Executive Committee will provide an opportunity for committee reports.

Section 3: The HMIS Steering Committee guides the planning and implementation of the HMIS. The HMIS/PIT Committee provides oversight of the Point-In-Time Count and HMIS data quality and compliance. The committee coordinates AHAR participation and expansion of HMIS and coordinates efforts to ensure accurate, timely & useful data reports. The group coordinates training and support around HMIS for providers.

Section 4: The Evaluation (Scoring) Committee will evaluate and score proposals submitted for new HUD CoC Program funding according to funding priorities and other guidelines and/or plans of the CoC. The Evaluation (Scoring) Committee will be comprised of individuals who do not have a conflict of interest due to funding or requests for funding. Appeals of any Evaluation (Scoring) Committee decisions shall be referred to the Grievance Committee (See Section 8 below).

Section 5: The Opening Doors CT Retooling the Crisis Response and CAN Leadership Committees oversee the implementation of coordinated entry systems (CES) for the State of CT. These committees coordinate efforts with the CT BOS CoC Steering Committee around policy and procedure development for CES in CT.

Section 6: Youth Advisory Board (YAB)—The Institute for Community Research (ICR) Youth Action Hub serves as the Youth Advisory Board for the CT Balance of State CoC. CT BOS CoC consults with the YAB on relevant policy decisions.

Section 7: Grievance Committee - The purpose of the CT BOS Grievance Policy is to ensure that there is a fair and accessible process for providers and Steering Committee members to file a grievance with the CoC. The Grievance Committee shall be made up of a minimum of three members of the CT BOS CoC Steering Committee. Members shall be appointed by the CT BOS CoC Steering Committee Co-Chairs. In all instances when a conflict of interest is present, parties shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee.

Article VI: The Steering Committee

Section 1: Composition of Steering Committee

Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs, through a nominating process initiated by the Co-Chairs at least annually.

Membership shall include but not be limited to:

- Homeless or formerly homeless individuals and families
- Non-profit organizations representing veterans and individuals with disabilities
- Victim service providers
- Faith-based organizations
- Public housing agencies
- Advocates
- Mental Health agencies
- School districts
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Representatives of business and financial institutions
- Representatives of private foundations and funding organizations
- Social service providers
- State and local government agencies

Section 2: Membership from BOS Regions on the Steering Committee

Each region is eligible to have one representative on the CT BOS Steering Committee and may request such, provided that:

- A. The locality must have a functioning and active local homeless planning process (i.e. Sub-CoC and/or CAN) holding at least 4 meetings per year.
- B. A standard application with documentation must be submitted to the Steering Committee annually.

Section 3: Rights of Steering Committee Members

Members are entitled to:

- A. Have voting rights (One vote per agency unless individual member)
- B. Receive letters of support for grants indicating length of membership and level of participation
- C. Receive information and updates via e-mail

Section 4: Expectation of Steering Committee Members

- A. Members are expected to be present and active participants in CoC Committee meetings.
- B. Members are expected to actively participate in CT BOS CoC Committee activities, correspondence, sub-committees, and/or ad-hoc committees.
- C. Members are expected to following the By-Laws and CT BOS CoC Code of Conduct.

Section 5: Steering Committee Voting

- A. The CT BOS CoC Steering Committee operates by consensus whenever possible. When a vote is necessary, each member shall have one vote upon any motion.
- B. No member shall vote on any issue where there could be a conflict of interest. (Refer to Conflict of Interest)

- C. As needed, Roberts Rules of Order will govern procedural questions during CoC Steering Committee Meetings.
- D. A simple majority vote of members present will be used to settle issues that reach an impasse.

Section 6: Steering Committee Meetings/Attendance

- A. The Steering Committee shall meet at a minimum 6 times per year.
- B. Upon a request, in writing, by at least five members of the Steering Committee, a special meeting can be called by the Co-Chairs at any time.
- C. Attendance will be recorded at all Steering and committee meetings. Members are expected to have at least an 80% attendance rate at all Steering Committee meetings.
- D. A member can be removed by a majority vote of the Steering Committee.

Section 7: Quorum at Steering Committee Meetings

- A. A simple majority (50% + 1) of Members, at a Steering Committee meeting, constitutes a quorum.
- B. A quorum is needed to (a) change CT BOS CoC bylaws and Governance Charter (b) approve Steering Committee members and (c) elect co-chairs.

Section 8: Steering Committee Co-Chairs

- A. The officers of the Ct BOS CoC Continuum shall be two co-chairs, one representing state government and one representing the non-profit provider community.
- B. Selection of one Co-Chair will take place annually.
- C. The Co-Chairs will serve two-year staggered terms and can serve unlimited consecutive terms.
- D. Election of the Co-Chairs will be by simple majority vote of Members present (Quorum required) annually .
- E. The Co-Chairs are authorized to represent the CT BOS CoC in all matters not requiring a quorum.
- F. The Co-Chairs shall call, preside over all meetings, and set agendas for all CoC meetings. The co-chairs can call special meetings of the Continuum.
- G. Immediate Past Co-Chairs may assist and advise the Co-Chairs, upon their request, in the performance of their duties.
- H. Any vacancies occurring during the year shall be filled upon the recommendation of the Executive Committee and shall be ratified by the Steering Committee.

Article VII – Consultant Functions

- A. A Consultant manages the day-to-day operations of the CT BOS Continuum of Care and writes the annual HUD Continuum of Care Application.
- B. A Consultant is selected by and reports to the Lead Agency.

Article VIII – Conflict of Interest & Code of Conduct

Section 1: CT BOS CoC members must conduct themselves at all times with the highest ethical standards. Members are required to follow the CT BOS CoC Code of Conduct. (See Appendix 1.) Conflicts of interest, and even the appearance of a conflict of interest, must be avoided.

Section 2: All individuals and representatives of organizations who have, are seeking, or considering seeking funds under the endorsement of the CoC must adhere to the following:

- A. He or she shall disclose to the CoC any conflict or appearance of conflict which may or could be reasonably known to exist.
- B. He or she shall not vote on any item that would create a conflict or appearance of conflict.
- C. He or she shall not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- D. He or she shall not lobby or seek information from any other member of the Continuum if such action would create a conflict or the appearance of a conflict.

Article IX– Nondiscrimination

Section 1: The members, officers, and persons served by the Continuum shall not discriminate against any CoC member because of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, gender identity or gender expression, intellectual disability, or physical disability and will follow all state and federal regulations regarding nondiscrimination.

Article X- Amendments

Section 1: These Bylaws may be amended by a majority vote at a meeting of the Steering Committee, with a present, provided that the proposed amendment(s) shall have been submitted in writing to each member at 10 business days before action is taken by the Steering Committee.

Appendix I: CT BOS CoC Code of Conduct

This CT BOS CoC Code of Conduct represents the CoC's commitment to high standards. The following standards should be regarded as minimum expectations for conduct. Members will act in accordance with and maintain the highest standards of professional integrity, impartiality, diligence, creativity and productivity. CoC business will be conducted in a manner that reflects the highest standards and in accordance with federal, state, and local laws and regulations.

1. Compliance with Policies

- A. Members will conduct the CT BOS CoC business in accordance with the by-laws of CT BOS CoC including conflict of interest and information management policies.

2. Conflict of Interest

- A. Members must act in the best interests of the organization and avoid situations where their personal interests or relationships interfere with acting in good faith on behalf of the CT BOS CoC.
- B. Members may not engage in activities that are in conflict with the interests of the CT BOS CoC or that may negatively impact the reputation of the CoC.
- C. Members are required to follow Article VIII of the CT BOS CoC Bylaws regarding conflict of interest and code of conduct.

3. Confidentiality

- A. Members must maintain the highest standards of confidentiality regarding information obtained directly or indirectly through their involvement with the CT BOS CoC. This includes but is not limited to information about members and their organizations and funded agencies. Members must also avoid inadvertent disclosure of confidential information through casual or public discussion, which may be overheard or misinterpreted.

4. Impartiality

- A. Member agencies shall act impartially and with integrity.
Members will:
 - Not knowingly being a party to or condoning any illegal or improper activity.
 - Not directly, or indirectly, seek personal gain which would influence, or appear to influence, the conduct of their duties.
 - Not exploit CoC professional relationships for personal or professional gain
 - Be alert to the influences and pressures that interfere with the professional discretion and impartial judgment required for the performance of members.

5. Fraud

- A. The term fraud refers to, but is not limited to: intentionally entering false or erroneous information into electronic software systems; any dishonest or fraudulent act; forgery or alteration of any official document; misappropriation of funds, supplies, or Continuum of Care materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records, furniture, fixtures, or equipment; accepting or seeking anything of material value from vendors or persons providing services or materials to the Continuum of Care for personal benefit; or any similar or related irregularities.
- B. Fraudulent acts will not be tolerated and may result in termination from CoC committees.

6. Gifts or honoraria

- A. It is not permissible to offer or accept gifts, gratuities, excessive favors or personal rewards intended to influence the CT BOS CoC's decisions or activities.

7. Harassment

- A. Harassment, interpreted as unwelcome conduct, comment, gesture, contact, or intimidating and offensive behavior likely to cause offence or humiliation, will not be tolerated and may result in disciplinary measures up to and including removal from CoC committee/s

8. Laws and Regulations

- A. CoC business will be conducted in manner that reflects the highest standards and in accordance with all federal, state, and local laws and regulations.

III. Governance Charter

CT Balance of State CoC Governance Charter

For additional information on Membership, Leadership, Selection of Steering Committee, Conflict of Interest for Steering Committee members; Proceedings, Committees and Work groups and Full Membership, see By-Laws

CT Balance of State CoC Governance Charter

The CT BOS By-Laws are attached as an Appendix to this document and include additional sections on Membership, Leadership, Selection of Steering Committee, Conflict of Interest for Steering Committee members; Proceedings, Committees and Work groups and Full Membership. The by-laws and this charter provide the core governance and operating policies for the CT BOS CoC.

The charter was adopted in full by the Steering Committee on September 11, 2014 and may be amended by a majority vote at any meeting of the Steering Committee, with a quorum present.

CT BOS CoC and CT BOS CoC Steering Committee

The name of this CoC shall be Connecticut Balance of State Continuum of Care and the name of this Continuum of Care board shall be Connecticut Balance of State Steering Committee, herein referred to, respectively, as the “CT BOS CoC” and “CT BOS CoC Steering Committee.”

Purpose of the CT BOS CoC and CT BOS CoC Steering Committee

The CT BOS CoC is a united coalition of community and state systems that assist homeless and near homeless residents in the BOS region to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. The CT BOS CoC addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies and Sub-CoCs that help comprise the CT BOS CoC. Avoiding duplication of efforts, leveraging resources, and coordinated planning are other purposes of the CT BOS CoC.

CT BOS CoC Steering Committee is the planning body that coordinates policies, strategies and activities toward ending homelessness in the CT BOS region. The Steering Committee gathers and analyzes information in order to determine the local needs of people experiencing homelessness, implements strategic responses, educates the community on homeless issues, provides advice and input on the operations of homeless services, and measures CoC performance.

For additional information see CT BOS CoC By-Laws Article III, Section 1

Responsibilities

The responsibilities for operating the CT BOS CoC are divided among the CT BOS CoC Steering Committee, CT BOS CoC Collaborative Applicant, and CT BOS CoC HMIS lead, as described below:

CoC Operations

CT BOS CoC Steering Committee is responsible for the following activities:

- Develops and updates annually this governance charter and CT BOS CoC By-Laws, which together include all procedures and policies needed to comply with HUD requirements and with HMIS requirements, including a code of conduct and recusal process for the CT BOS CoC Steering Committee, its chairs, and any person acting on behalf of the CT BOS CoC Steering Committee.
- In consultation with recipients of ESG funds within the CoC's geographic area, works with the CT Department of Housing, CT Department of Social Services, Connecticut Coalition to End Homelessness (CCEH), CT Department of Mental Health and Addiction Services, and CoC members to develop and operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- In consultation with recipients of ESG funds within the CoC, establishes and consistently follows written standards for providing CoC assistance.
- Consults with recipients and subrecipients to establish performance targets appropriate for population and program type.
- Monitors performance of CoC and ESG recipients and subrecipients.
- Evaluates the outcomes of projects funded under ESG and CoC programs.
- Takes action against ESG and CoC projects that perform poorly.
- Reports the outcomes of ESG and CoC projects to HUD annually.

For additional information, see CT BOS CoC By-Laws Article II, Sections 2 and 5

CoC Planning

The CT BOS Steering Committee is responsible for the following activities:

- Conducts an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CoC geographic area
- Works closely with government agencies, funders, advocates, providers and consumers to coordinate the implementation of a housing and service system within the CoC's geographic area that meets the needs of homeless individuals and families. The system encompasses:
 - Outreach, engagement, and assessment

- Shelter, housing, and supportive services
- Prevention strategies
- Provides information required to complete the Consolidated Plan(s) within the CoC geographic area
- Consults with State and local government ESG recipients within the CoC geographic area on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients

For additional information, see CT BOS CoC By-Laws, Article III, Section 2

Designating and Operating an HMIS

The CT BOS Steering Committee is responsible for the following activities:

- Designates a single HMIS for the CoC's geography. CCEH, an eligible applicant, serves as the CoC's HMIS lead agency.

The CT BOS CoC HMIS Lead is responsible for the following activities:

- Works with the CT HMIS Steering Committee to review, revise and approve a CoC HMIS data privacy plan, data security plan, and data quality plan.
- Ensures that the HMIS is administered in compliance with HUD requirements.

The CT BOS CoC HMIS Lead and CT BOS Steering Committee are responsible for the following activities:

- Ensure consistent participation by CoC, ESG, and PATH recipients and subrecipients in the HMIS

Preparing an application for CoC funds

The CT BOS Steering Committee:

- Establishes priorities that align with local and federal policies for recommending projects for HUD Homeless Assistance CoC Grant funding.
- Designates an eligible collaborative applicant (i.e., Connecticut Department of Mental Health and Addiction Services – DMHAS) to collect and combine the required application information from all applicants.
- Determines whether to select the collaborative applicant to apply for Unified Funding Agency designation from HUD.
- Approves the final submission of applications in response to the CoC Notice of Funding Availability.

- Designs, operates, and follows a collaborative process for the development of a CoC application to HUD.
- Determines if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted; retains its responsibilities, even if designating one or more eligible applicant other than itself to apply for funds on behalf of the Continuum.

Membership and Leadership of the CoC Steering Committee

The CT BOS CoC Steering Committee shall adhere to the membership and leadership standards outlined in Article IV and Article VI of the CT BOS CoC By-Laws.

CoC Steering Committee Member Qualifications

All members of the CT BOS CoC Steering Committee shall demonstrate a professional interest in, or personal commitment to, addressing and alleviating the impacts of homelessness on the people of the community.

CoC Steering Committee Member Responsibilities

CT BOS CoC Steering members are expected to:

- Attend meetings and contribute to informed dialogue on actions the group undertakes
- Serve on a committee of the CT BOS CoC – do we still want this? Most do not
- Participate in the activities of the CT BOS CoC Steering Committee, including the Point-in-Time count, HMIS oversight, strategic planning, advocacy and public education efforts, project and system performance reviews, and the application processes for CoC Homeless Assistance Grants and other funding proposals
- Seek input from and report back to the constituency they represent on key issues and strategies and otherwise keep abreast of needs and gaps in the CoC

For additional information, see CT BOS CoC By-Laws, Article VI

CoC Steering Committee Member Selection

The CoC Steering Committee is comprised of representatives of state government agencies (including ESG recipients), nonprofit intermediaries, up to two consumers (homeless/formerly homeless persons), and homeless provider organizations representing sub-regions (or Sub-CoC's) of the BOS. New members may be added by a majority vote of the existing Steering Committee.

Government representatives are appointed by their respective commissioners and include the CT Department of Mental Health and Addiction Services, Department of Housing (ESG Recipient), CT Housing Finance Agency, CT Department of Education, CT Department of Social Services, CT Department of Children and Family Services, CT

Department of Corrections, CT Department of Veteran Affairs, and U.S. Department of Veterans Affairs.

Sub-CoCs of the Balance of State select their representatives to the Steering Committee. Sub-CoCs must meet requirements to have a representative on the BOS SC (see requirements section below.) The CT BOS Sub-CoCs include: the Cities of: Bristol, New Britain, Danbury, Greater Hartford, New Haven, and Litchfield/Torrington, Manchester, Middlesex, Norwich/New London, Waterbury, and Windham/Tolland counties.

Intermediaries/advocates on the CT BOS Steering Committee include the Corporation for Supportive Housing, CT Coalition Against Domestic Violence, Partnership for Strong Communities, Connecticut Coalition to End Homelessness, and AIDS Connecticut. Representatives serving on the CT BOS Steering Committee are appointed by their respective organizations.

Consumer representatives (homeless and formerly) submit applications to join the Steering Committee. The CoC encourages consumers who have utilized homeless housing or services to apply. Consumers may not be employed by any agency receiving CoC funds and no Sub-CoC can have more than one consumer representing its region.

Regional Representation Requirements

CT BOS is comprised of the following regions: Bristol, Danbury, Greater Hartford, Greater New Haven, Litchfield County, Manchester, New Britain, New London/Norwich, Middletown/Middlesex, Waterbury, and Windham/Tolland. Many of these regions have their own local planning groups, known as Coordinated Access Networks (CANs) and/or Sub-CoCs, which guide the community's work around homeless housing and services. Each region is eligible to have one representative on the BOS Steering Committee. To maintain a representative on the BOS Steering Committee, a Sub-CoC or CAN must meet the following requirements:

- In order to be a member of the BOS CoC Steering Committee, the region must have a functioning and active local planning body (i.e., Sub-CoC or CAN), holding at least 4 meetings per year and engage in local planning with a diverse group of stakeholders.
- To certify eligibility for participation in the BOS CoC Steering Committee, each year, all Regions are required to submit the name of their appointed Steering Committee representative, Sub-CoC/CAN minutes, and member list to the Steering Committee.
- Each year, all regions of CT BOS are required to participate in the annual point-in-time homeless count to collect information on inventory and homeless persons; each agency must also designate one staff member to assist with the unsheltered homeless count.

- Regional representatives on the Steering Committee are responsible for convening local planning on homeless housing and services and obtaining input from members to share with the Steering Committee. The representatives are charged with ensuring that decisions made and information shared at Steering Committee meetings is brought back to the relevant local planning bodies.
- Collaborate with local educational agencies in identification of homeless children and youth.
- Develop and implement local Coordinated Access policies and procedures in the CAN.

CoC Steering Committee Member Termination

Members may be dismissed from the CT BOS CoC Steering Committee for violating the CT BOS CoC Code of Conduct. If a board member wishes to resign, the board member shall promptly submit a letter of resignation to a Steering Committee chairperson.

For additional information, see CT BOS CoC By-Laws, Article VI, Section 6

CoC Steering Committee Decision Making

The CT BOS CoC Steering Committee shall conduct business and make decisions in accordance with Article VI, Section 5 and Section 7 of the CT BOS CoC By-Laws.

CoC Governance Charter Amendment and Review

The CT BOS CoC will review, update, and approve this governance charter at least annually. Amendment of the charter requires a majority vote of the members present at a CT BOS CoC Steering Committee meeting.

Relationship between the CT BOS CoC Steering Committee and Full CoC Membership

CT BOS CoC Steering Committee meetings will be open to the full membership and the public. CT BOS CoC Steering Committee will post minutes of the CT BOS CoC Steering Committee meetings on the CT BOS CoC website. Between CT BOS CoC Steering Committee meetings, CT BOS CoC Steering Committee members will keep the full membership involved by involving CoC members in workgroups and committees and sharing information (including meeting minutes, resources for homeless services providers, plans and implementation progress, data about homelessness in the region and funding availability) via email list and/or via the CoC website.

Full Membership Meetings

The CT BOS CoC will hold meetings of the full CT BOS CoC membership at least semiannually.

The CT BOS Steering Committee will announce the date, time and location of these meetings at least one month in advance and will publish the meeting agenda at least 24 hours before the meeting. Meeting agendas will be distributed via email and posted online on the CT BOS CoC website for review prior to the meeting.

Recruitment of and Outreach to CoC Members

The CT BOS CoC Steering Committee (*or its designee*) will publish and appropriately disseminate an open invitation at least annually for persons within the CT BOS CoC area to join as new CoC members. Recruitment efforts will be documented by the Steering Committee.

The CT BOS CoC identifies and addresses membership gaps in essential sectors, from key providers or other vital stakeholders. The CT BOS CoC recruits members to ensure that it meets all membership requirements set forth in its governance charter, including representation of certain populations and certain organizations. Specifically, outreach will be conducted to obtain membership from the following groups as they exist within the CT BOS CoC geographic area and are available to participate in the CoC:

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Organizations that serve veterans
- Homeless and formerly homeless individuals
- Other relevant organizations within the CoC's geography

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V. Program Operating Standards

1. CT BOS Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
 - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
 - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
 - a. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
 - b. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.

- c. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- d. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
 - c. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - c. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

2. Housing First Requirements

- All CT BOS projects (Permanent Supportive Housing Rapid Re-Housing, and Transitional Housing) are required to adopt the CT BOS Housing First Principles listed above or penalties apply. Applicable penalties are established by the BOS Steering Committee.

3. Non-discrimination

- Providers shall have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers shall comply with all federal statutes including, the Fair Housing Act and the Americans with Disabilities Act.
- Providers shall comply with the following requirements as set forth by section 4a-60 of the Connecticut General Statutes:

(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

(2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission;

(3) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

(4) the Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f;

(5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56.

g) The following subsections are set forth here as required by section 4a-60a of the Connecticut General Statutes:

- (1) the Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation;
- (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be

provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

- (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; and
- (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this section and section 46a-56.

(h) The Contractor shall include the provisions of section (g) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

- (i) For the purposes of this entire Non-Discrimination section, "Contract" or "contract" includes any extension or modification of the Contract or contract, "Contractor" or "contractor" includes any successors or assigns of the Contractor or contractor, "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced, and "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders. For the purposes of this section, "Contract" does not include a contract where each contractor is

- (1) a political subdivision of the state, including, but not limited to, a municipality,
- (2) a quasi-public agency, as defined in C.G.S. § 1-120,
- (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in C.G.S. § 1-267,
- (4) the federal government,
- (5) a foreign government, or

- (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

4. Rapid Rehousing Standards

In accordance with HUD regulations (24 CFR Part 578), the CT BOS Continuum of Care (CT BOS) has developed, in consultation with ESG recipients, the following written standards for the provision of rapid re-housing (RRH) assistance. The standards contained herein apply to Rapid Re-housing projects funded by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and located in jurisdictions covered by CT BOS.

In addition to compliance with the standards contained herein, CT BOS RRH programs must comply with 24 CFR Part 578 (HEARTH Interim Rule) and the applicable CoC Program NOFA. CT Rapid Re-housing programs funded by State of CT Homeless Housing Account, U.S. Health and Human Services Social Services Block Grant, and HUD Emergency Solutions Grant Financial Assistance should refer to and comply with CT Rapid Re-housing Program (CTRRP) Policies and Procedures.

Participant Eligibility

- To be eligible for CT BOS CoC RRH assistance, at initial evaluation, households must: 1) demonstrate literal homelessness (i.e., HUD Category One); and 2) have household annual income of less than or equal to 50% of Area Median Income (AMI); and 3) have completed a VI-SPDAT or Next Step Tool for transition aged youth during their current episode of homelessness.
- Recipients and subrecipients must conduct regular re-evaluations, at least every 90 days, of program participants receiving RRH assistance. To continue to receive rental assistance, the program participant household's annual income must be less than or equal to 30% of Area Median Income (AMI) at re-evaluation.
- Households with no income at initial evaluation and/or re-evaluation are eligible.
- As indicated by HUD, households who are eligible for PSH and awaiting PSH placement may receive RRH assistance and will retain their homeless and, if applicable, chronically homeless status.

Participant Prioritization

- For sheltered households, those whose current episode of literal homelessness¹ has been at least seven days in duration shall be prioritized for RRH assistance.

¹ Note that literal homelessness, as defined by HUD in Category One of the HEARTH Homeless Definition Final Rule, includes both sheltered homelessness and homelessness in places not meant for human habitation. As such, time spent in either location is counted when determining eligibility for this priority.

RRH grant recipients and subrecipients shall determine whether households meet this prioritization criterion at the point of initial evaluation using HMIS data and, as necessary, permissible written documentation of unsheltered homelessness as defined by the HEARTH Homeless Definition Final Rule.

- Unsheltered households shall be prioritized for RRH assistance regardless of the length of their current episode of homelessness.

Determining the type of assistance & amount or percentage of rent each program participant must pay

- CT BOS RRH programs are required to use a progressive engagement model, i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful.
- CT BOS RRH participants may receive eligible supportive services alone or a combination of eligible supportive services and rental assistance. At a minimum, all participants must attend monthly case management meetings in accordance with HUD regulations 24 CFR Part 578.
- All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income towards their monthly rent. This tenant rent contribution may be adjusted at any time based on changes to household income, including, but not limited to at each 90 day reassessment. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income.
- In addition to rental assistance, eligible program costs are defined in 24 CFR Part 578 and include:
 - ✓ **Financial assistance** (eligible under rental assistance): security deposits (up to 2 months), first and last month's rent, property damage; CoC RRH assistance **may not** be used for payment of rent in arrears. Total property damage payments during a single enrollment in the RRH program may not exceed an amount equal to one month of the participant household's rent.
 - ✓ **Supportive services:** Case management, child care, education services, employment assistance and job training, food, housing search and counseling services, including mediation, credit repair, and payment of rental application fee, legal services, life skills training, mental health services, moving costs, outpatient health services, outreach services, substance abuse treatment services, transportation, utility deposits

Limitations on amount, frequency and duration of assistance

- In accordance with HUD regulations 24 CFR Part 578, participants may receive eligible supportive services for no longer than 6 months after rental assistance stops. HUD regulations 24 CFR Part 578 also indicate:

- Services may be provided to current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving homelessness to assist their adjustment to independent living; and
- Rapid rehousing projects must require the program participant to meet with a case manager not less than once per month to assist the program participant in maintaining long-term housing stability.

As such, participants may receive eligible supportive services alone (i.e. without receiving rental assistance) for up to 6 months after leaving homelessness.

Participants may also receive short - term (up to 3 months) and/or medium - term (for 3 to 12 months) tenant - based rental assistance alone or in combination with eligible supportive services.

- Participants must be re-evaluated at least every 90 days to determine the need for continued assistance. This requirement applies to both supportive services and rental assistance. Through each re-evaluation the recipient or subrecipient must determine that the continuation of assistance is necessary to avoid literal homelessness.
- Participants may receive rental assistance of no more than the following percentages of FMR for each of the indicated time frames (security deposits are excluded from these limits):
 - Months 1-3 – 100% of FMR
 - Months 4 to 6 - 80% of FMR
 - Months 7 to 9 - 60% of FMR
 - Months 10 to 12 - 40% of FMR
- If through the re-evaluation it is determined that a higher amount of assistance than the levels defined above for any period or the continuation of assistance is necessary to avoid literal homelessness, the recipient or subrecipient must submit an exemption request to the relevant Coordinated Access Network (CAN) or an entity designated by the CAN. Only the CAN or designated entity may approve exemptions. The co-chairs of CT BOS Steering Committee shall authorize exemptions as necessary until the CAN is operational. If an exemption is authorized, recipients or subrecipients must continue to re-evaluate participants at least every 90 days to determine the need for continued assistance. Under no circumstances may assistance be provided for more than the maximum period authorized by HUD regulations 24 CFR Part 578.
- Participants may be eligible for rapid re-housing assistance for multiple episodes of literal homelessness based on their need. To ensure the efficient use of resources, recipients may establish a maximum amount or number of times that a program participant may receive rapid re-housing assistance.

5. Educational Services for Children

BACKGROUND

Federal law ensures educational rights and protections for children and young adults 18-24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in CT is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the CT Balance of State Continuum of Care (CT BOS) has established related requirements. This document summarizes basic information about the responsibilities of sub CoCs and recipients/sub-recipients of CoC and ESG funds. For more information or to find contact information for your local homeless liaison please visit: <http://youth-help.org>

Information is also available at the National Center for Homeless Education: <http://center.serve.org/nche/briefs.php>

RESPONSIBILITIES OF SUB-COCS

CT BOS Sub CoCs are responsible for coordinating with your local school district(s), charter school(s), and Coordinated Access Network (CAN) in the following ways:

- Helping to identify children and young adults who are eligible for educational services. If a child or young adult does not have a fixed, regular, and adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, in doubled-up situations, or in housing that lacks utilities, is infested or has other dangerous conditions.
- Helping to ensure that all families with children and young adults who qualify in your area are informed about their educational rights and their eligibility for educational services and they receive those services.
- Attending relevant meetings and planning events held by your local school district.
- Ensuring that the local school districts' homeless liaisons are aware of 211 and CAN processes for connecting homeless families and young adults to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Helping to ensure that when placing families in emergency, transitional or permanent housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early

childhood education programs.

RESPONSIBILITIES OF RECIPIENTS/SUB-RECIPIENTS & SAMPLE POLICY

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or young adults 18-24 are responsible for the things outlined in the sample policy below, which is intended to help providers comply with requirements established under federal law, by HUD through the annual CoC project application, and by CT BOS. All projects receiving CoC funds that are serving families with children and/or young adults 18-24 are required to have similar policies. Projects may opt to adapt this sample policy or to adopt a different policy that fulfills the requirements.

Purpose:

To ensure that participants in (INSERT CoC PROJECT NAME) are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; To ensure that children and young adults are immediately enrolled in school, as required by federal and State law, & to ensure that they are connected to transportation and educational services to help them succeed in school.

Policy:

1. All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
2. The Program Director and/or his/her designee is responsible for:
 - a. Ensuring that all families with children and young adults participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
 - b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in the project are enrolled in school immediately, even if they lack the paperwork normally required (e.g., school records, records of immunization, and other required health records, proof of residency, guardianship, and other documents), are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and young adults who are not required by State law to enroll in school shall be encouraged and assisted but not required to enroll. Families shall be encouraged and assisted to enroll children in early childhood education programs. Enrollment includes attending

classes and participating fully in school activities and applies to youth without a parent or guardian.

- c. Assist unaccompanied youth to choose and enroll in a school, giving priority to his/her wishes and assisting to exercise his/her right to appeal.
- d. Advocating as necessary to ensure that homeless students are able to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled) the entire time they are homeless and until the end of the academic year during which they find permanent housing. This includes pre-schools and the designated receiving school at the next grade level when a student completes the final grade level served by the school of origin. Remaining in the school of origin should be presumed to be in the best interest of the student unless contrary to the request of the parent, guardian or unaccompanied youth.
- e. Assisting, as necessary, to ensure that the parent, guardian, or unaccompanied youth is provided with the required written explanation of decisions made by school districts/charter schools and how to appeal them and that they are referred to the local school district's homeless liaison who must carry out the dispute resolution process as expeditiously as possible.
- f. Assisting, as necessary, to appeal any decision by the local school district or charter school that it is not in the student's best interest to attend the school of origin or the school where they currently live if requested by the parent, guardian or unaccompanied youth.
- g. Advocating, as necessary, to ensure that if a dispute arises over eligibility, school selection, or enrollment, the student is immediately enrolled in the school in which enrollment is sought, pending resolution of all available appeals.
- h. Advocating, as necessary, to secure the transportation services to which students are entitled (i.e., to and from the school or preschool of origin, including until the end of the year when the student obtains permanent housing).
- i. Assisting, as necessary, to secure temporary transportation services through other means, if possible, when school districts/charter schools are unable to immediately provide such required services.
- j. Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical

education, summer learning, online learning, and referrals to health, mental health, dental and other services.

- k. Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, online learning, and athletic programs.
- l. Advocating, as necessary, to ensure that students receive appropriate full or partial credit for coursework, including consulting with the prior school about partial coursework completed, evaluating students' mastery of partly completed courses, and offering credit recovery.
- m. Advocating as necessary to ensure that all homeless youth receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status.
- n. Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- o. Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
- p. Developing relationships with colleges to access higher education services specifically for homeless young adults.
- q. Designating a staff person who is responsible for:
 - Helping participants to understand their educational rights
 - Ensuring that children and young adults are enrolled in school and early childhood education
 - Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
 - Ensuring that children and young adults receive the transportation services to which they are entitled

These need not be the only responsibilities of the designated staff person.

- r. Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
 - Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

6. Special Requirements for Leasing and Rental Assistance Projects

- If agencies chose the leasing option, they are required to master lease and provide a sublease to tenants (not occupancy agreement); there also must be a functional separation of roles between services and property management.
- For rental assistance, there needs to be an agreement with the administrator including customary terms and conditions.

7. Participant/Applicant Bill of Rights

Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing projects operating within CT BOS must review with and provide a written copy of the *CT BOS CoC Participant/Applicant Bill of Rights* (see appendix) to all participants and applicants.

8. Grant Amendments

- Grant recipients are required to submit any proposed CoC project grant amendments to the relevant sub-CoC for approval prior to submission to HUD.
- Grant recipients are also required to notify the CT BOS Steering Committee of any approved amendments.

VI. Performance Evaluation

1. Renewal Evaluations

- Each year, the BOS Steering Committee establishes performance targets, and evaluation criteria for renewing projects.
- Providers are asked to submit data such as consumer surveys and APRs to enable project evaluation before the NOFA is released.

2. Corrective Actions

- Each year the Steering Committee establishes a minimum scoring threshold.
- Projects scoring below the threshold must do a corrective action plan.
- Agencies in corrective action process are not eligible to apply for funding for new projects.
- Programs in corrective action status for 2 consecutive years may be at risk of losing their funding.
- Local BOS CoC representatives are copied on correction action letters for their jurisdictions.

3. Underspending

- If a project is underspent by more than 20% or \$50,000 for 2 years, the project is at risk of partial or complete reallocation.

VII. Grievances

1. Purpose

The purpose of the CT BOS Grievance Policy is to ensure that there is a fair and accessible process for providers and Steering Committee members to file a grievance with the CoC. For example, a provider might have a grievance with how their renewal evaluation results are scored or rejection of a project application for funding.

2. Composition of Grievance Committee

The Grievance Committee shall be made up of a minimum of three members of the CT BOS CoC Steering Committee. Members shall be appointed by the CT BOS CoC Steering Committee Co-Chairs.

4. Filing a Grievance

Grievances shall be submitted in writing to the Grievance Committee via e-mail (ctboscoc@gmail.com).

5. Resolution of a Grievance

Written grievances will be reviewed within 30 days of receipt. The committee will issue a written decision that specifies the resolution of the grievance and any actions that need to be taken. The decision may be appealed to the CT BOS Steering Committee Co-Chairs within 10 days of the written decision. The decision of the Co-Chairs is final. In all instances when a conflict of interest is present, parties shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee. (see CT BOS Policies, Article VIII, Section 1).

VIII. Monitoring

1. Purpose

HUD requires CoCs to monitor and evaluate CoC programs. CT BOS provides on-site monitoring for a subset of funded providers annually in order to help grantees prepare for HUD visits, reduce recapture risk, and identify areas of need for technical assistance.

2. Selection

The BOS Steering Committee establishes selection criteria annually to determine which programs will be offered monitoring.

3. Procedures and Tool

Monitoring procedures and the tool used during monitoring visits are available on the CT BOS website.

VIII. Coordinated Access

1. Introduction

The coordinated access policies contained herein apply to Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RR) funded with CoC and ESG Funds in the CT BOS CoC jurisdictions. The aim is to set some CoC wide standards but allow for CAN level or sub-CoC level customization and tailoring to local circumstances. Section M includes pertinent definitions.

2. Guiding Principles

The CT BOS CoC has defined the following coordinated access guiding principles:

- Promotes collaboration among providers
- Honors client choice re: geography and services needed
- Incorporates provider choice in enrollment decisions
- Establishes standard, consistent eligibility criteria and priorities
- Eligibility requirements limited to those required by funding sources (and no additional requirements that are not required by funders) in order to accommodate as many people as possible
- Ensures quality housing and services are provided
- Ensures clear and easy access for consumers
- Improves efficiency, communication, and knowledge of resources
- Is cost effective and focuses on cost effective solutions to homelessness
- Uses systemic “Rapid Exit to Housing” approach
- Streamlines processing
- Accountability -The process must be transparent and consistent
- Leverage HMIS and the use of “real time” data whenever possible (Once new system is up and 2-1-1 is fully staffed)
- Prioritizes Enrollment Based on Need
- Goal: a system that is clear and creates ease of access for clients
- All data collected is relevant to the process
- Staff are trained and competent in assessment

3. Intake

- **Accepting People from Other Public Systems of Care**

The McKinney-Vento Act, as amended by the HEARTH Act, stipulates that state and local governments have policies and protocols in place to ensure that publicly-funded institutions do not routinely discharge individuals into homelessness. Before accepting participants into CoC programs from the Mental Health, Foster Care, Correctional or Public Health Systems, providers will work to ensure that all other discharge options have been exhausted. Accepting a person directly from publicly-funded institutions should only be considered if there are no other viable housing options and the person meets the eligibility criteria for the bed or unit.

- **Ensuring families with children are not denied admission or separated**

- To maintain family unity homeless shelters or housing funded by the CoC or ESG to serve families may not deny admission to any family based on age or gender (e.g. admissions policies disallowing entry for adult males or boys over 15 are not permissible).
- The CT BOS CoC recognizes that household composition may change during the course of a homeless episode. (For example, a family may enter emergency shelter as a parent with two teenage children but the plan is to re-unite in permanent housing with a younger child who is currently staying with a relative.) To the greatest extent possible, the CoC wants to accommodate changes in family composition.
- In accordance with the CT BOS Client Bill of Rights (see Appendix), participants in or applicants to any emergency shelter, transitional housing, rapid re-housing, or permanent supportive housing project operating within the CT BOS CoC have the right to decide for themselves who is a member of their families and to be served together with their families. A family may include adults and children or just adults of any age, disability, marital status, actual or perceived sexual orientation or gender identity. This requirement applies whether the family initially presented together upon admission or the family composition changed post admission. It is the intent of the CT BOS CoC to allow families to form and change composition during their participation in projects, however that may not be feasible in every situation.
- Projects may restrict changes to family composition in the following situations:
 - Unit is not large enough to accommodate additional family members in accordance with applicable federal, state, and local standards (Note that CoC-funded programs are required to have at least one bedroom

- or living/sleeping room for each two persons and may not require children of the opposite sex, other than very young children, to occupy the same bedroom or living/sleeping room); and/or
 - The services required to meet the needs of a new family member are not available; and/or
 - Housing the family together would present an imminent health and/or safety risk.
- When circumstances prevent a project from accommodating changes to family composition, projects should assist the family in accessing a different unit or work with their CAN and assist the family in accessing a different project that meets their needs and can accommodate them together as a family.

4. Assessment Forms

- All Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), and Rapid Rehousing (RR) programs funded with CoC and ESG Funds in the CT BOS CoC jurisdictions are required to use common assessment forms as directed by their local CAN. CT BOS will use the VI SPDAT as its common assessment form at least initially. CT BOS will use the Next Step Tool for transition aged youth.

5. Core Referral Policies

A. Educational Considerations for Children

- When placing families in emergency or transitional shelter, CANs must consider the educational needs of children, including placing children as close as possible to schools of origin and early childhood care and education programs.

B. Determination of Eligibility and Priority for the Service

Eligibility- Programs may not establish additional eligibility requirements beyond those specified below and those required by other funders

Veterans ineligible for VA Services – Veterans who are ineligible for U.S. Department of Veterans Affairs housing and services shall be prioritized in CT BOS CoC funded projects.

Emergency Shelter – Applicants must be screened for diversion and admitted to shelter only if no other options (such as staying safely with friends or family) are available. Applicants must be, literally homeless, and able to be safely maintained in the shelter (e.g., behavior is not an obstacle to safety). For family homeless shelters, registered sex offenders are not eligible.

Transitional Housing – Transitional Housing – Applicants must be screened for diversion and admitted only if no other options are available. Projects may serve only participants coming from emergency shelter and unsheltered locations, including those who have been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who were residing in an emergency shelter or unsheltered location immediately before entering that facility. Projects may serve only participants with income below 30% of AMI. Applicants must be able to be safely maintained in the program, including not posing any danger to other participants.

Rapid Rehousing – Applicants must be homeless and have income below 30% of AMI. Rapid rehousing projects must serve only individuals or families coming from emergency shelters or the streets, with the exception of youth under age 25 who may also qualify under HUD Category 4 (i.e., fleeing domestic violence).

Permanent Supportive Housing – Must meet HUD definition of literally homeless and include at least one family member with disabilities.

Priority for Service

Emergency Shelter – There are no priorities for ES defined by CT BOS CoC. CANs and local sub-CoCs may establish local priorities provided they follow ESG, DOH and other funding guidelines.

Transitional Housing

- Not able to be diverted or slated for PSH AND
- At least one prior episode of homelessness (except for young adults) AND
- In one of the following life stage transitions
 - young adults 18-24,
 - family with children under age 5,
 - interested in recovery
 - fleeing DV and DV cause of recent homeless episode

Priorities for PSH

Purpose: This policy provides information to Coordinated Access Networks (CANs) and Permanent Supportive Housing (PSH) projects receiving Continuum of Care Program funds regarding the order in which eligible households should be served. This policy reflects the new definition of chronic homelessness as amended by HUD's Final Rule on Defining Chronically Homeless and updates the orders of priority that were previously established in CT BOS policies. This policy is intended to ensure that the individuals and families who have been homeless the longest and who have the most severe service needs are prioritized for PSH and to support progress towards ending chronic homelessness in Connecticut.

- **Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:**
 - All CT BOS CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each CAN's homeless population for prioritization decisions.
 - This by-name list uses the order of priority established in HUD Notice CPD-16-11: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. Relevant guidance from the Notice appears below, and the full Notice is available at: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>
 - The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.
- **Accepting Referrals through a Single Prioritized List for PSH**
 - All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.
 - This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.
- **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:**
 - When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT BOS CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:
 - People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at

least 8 for homeless youth . Housing Placement Teams will determine prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.

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- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.
- Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).
- Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT BOS recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and

recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

- **Prioritizing access to PSH when participants are transferred from a different PSH project:**

- Existing PSH participants being transferred from a different CTBOS PSH project are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be considered both within and across CAN's and Sub-CoCs to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing CT BOS PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT BOS covered geography over eligible applicants residing in another CoC.

- **Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:**

- When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with CANs to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (local CAN region) where the vacancy exists.

- **(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher.

➤ **(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher.

➤ **(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

➤ **(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the sub- CoC's geographic area at that time.

- **Projects that serve 100% CH Veterans**, and are unable to locate a CH Veteran to fill a vacancy, will follow the prioritization process detailed in the CT BOS Policies and Procedures which are based on *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons* (<http://www.csh.org/wp-content/uploads/2015/04/CT-BOS-Policies-revised-4.6.15.pdf>) to house a NON-CHRONIC homeless Veteran. For projects that have dedicated units for Veterans, but do not serve 100% Veterans, and are unable to locate a chronically homeless Veteran to fill a vacancy, the project will follow the prioritization process noted above to house a chronically homeless non-veteran.”
- **Prioritization and Fair Housing:** The Fair Housing Act prohibits discrimination in housing on the basis of race, color, religion, sex, family status, national origin or disability. Other than prohibiting the seven bases of discrimination listed above, the Act does not limit the considerations that may be taken into account in making a housing decision, or prevent the adoption of preferences as long as those preferences do not violate the rights of one of those seven classes. The Act permits preferences for persons who are disabled.

C. Notification of Vacancies

All Programs: All Emergency Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing Programs are required to report vacancies to the CAN within 12 hours of unit/bed availability. If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of such availability. Programs must update vacancy information in HMIS within one business day of a unit/bed being filled.

D. Time frames and expectations for Responses to Referrals by Providers

Emergency Shelter

Provider must make a determination within two hours of a referred client presenting at the shelter regarding whether the client can be accommodated that night and must notify the CAN and enter that decision in HMIS within one business day. If at 7pm the referred individual or family does not arrive at the shelter to claim a bed, the ES program may offer that bed to another eligible client.

Transitional Housing and Rapid Rehousing

For RRH, within two business days of intake interview and receipt of a complete intake packet, and for TH, within three business days of the intake interview and

receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

Permanent Supportive Housing

Within three days of intake interview and receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

E. Referrals from CAN to CAN (TBD)

F. Centralized Priority Lists

Emergency Shelter

When issuing a referral for Emergency Shelter that cannot be immediately accommodated because no vacancy exists, the *Coordinated Access Network* may assign the singles and families seeking services to a priority list.

Permanent Supportive Housing

The CoC has a centralized priority list for PSH and each CAN will have a list for their geographic area. When a provider has a vacancy, the next eligible person on the list will be referred to the program with the vacancy within 2 business days. To ensure that vacancies are promptly filled, the *Coordinated Access Network* may issue up to 3 referrals per vacancy.

Transitional Housing and Rapid Rehousing

When issuing a referral to Transitional Housing or Rapid-Re-housing when there are no vacancies, the *Coordinated Access Network* will assign the person/household seeking services to the priority list for TH or RR using the prioritization criteria described above.

When a vacancy becomes available, the *Coordinated Access Network* will, within one business day of receiving the vacancy notification, based on the prioritization criteria, determine the next single/family on the applicable priority list and refer them to the program. To ensure that vacancies are promptly filled, the CAN may, at its discretion, issue up to 3 referrals per vacancy.

Transitioning from existing wait lists to CA priority lists CT BOS suggests that Sub CoCs use the following process for the transition from existing wait lists to the new priority lists that will be used to determine referrals under a Coordinated Access system. 1) CANs choose a date to close the existing waitlists 2) CANs work with providers to review and purge current lists of households who are no longer eligible or cannot be found 3) CANs work with providers to administer the common assessment form for all households that remain on the wait list 4) CANs assemble a new unified priority list combining households from the previous waitlist with those assessed since wait lists were closed and determining priority order using eligibility and priority standards as adopted by the CoC/CAN.

G. Client/Consumer Choice – Preferences and Decline Policy

Consumers may decline a referral because of program requirements that are inconsistent with their needs or preferences. There is no limitation on this decline. For example, consumers may decline participation in programs requiring sobriety. The *Receiving Program* must document the reason for client rejections.

The *Coordinated Access Network* will, at their discretion, require a case conference to review and resolve rejection decisions by consumers. The purpose of the case conference will be to resolve barriers to the client receiving the indicated and desired level of service.

H. Provider Decline Policy – Information to be provided, rules regarding rates of acceptance

Emergency Shelter

Emergency Shelters may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the Emergency Shelter has determined that the individual or family cannot be safely accommodated. The Emergency Shelter must report the reason for any decisions to reject a client. If the rejected client has not otherwise been accommodated for the night, the Emergency Shelter must refer the client back to the *Coordinated Access Network*, and document that outcome in HMIS.

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Receiving Programs may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the individual or family missed two intake appointments, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the *Receiving Program* has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program. Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services except as required by a funder. Providers must accept at least 2 of 3 referrals.

An intake decision notification will include at a minimum:

- first available move-in date, if applicable
- if applicable, reason the client cannot enter the program, including reason for rejection by client or program, if applicable

- alternative recommendation regarding indicated housing model/exit option for the client with justification, if applicable, Instructions for appealing the decision, including the contact information for the person to whom and time frame under which the appeal should be submitted.

If the homeless individual or family is accepted, the *Receiving Program* must document that acceptance and notify applicant of acceptance within one business day. In all cases, best faith effort for prompt unit turnover should be made and, on average, units should be turned over within 5 business days.

If the homeless family or individual referred by the *Coordinated Access Network* has not presented at the *Receiving Program* within 3 business days from the intake appointment the *Receiving Program* must notify the *Coordinated Access Network* and document the no show. Should the client present at or call the *Receiving Program* after more than 3 days from the appointment, the *Receiving Program* must refer the client back to the *Coordinated Access Network*.

I. Clients declined by all referrals

The *Coordinated Access Network* may convene a case conference in the event that a client is declined by 3 programs. The purpose of the case conference will be to resolve barriers to the client receiving the indicated level of service. The *Coordinated Access Network* will determine, which parties will attend the case conference, including but not limited to the *Assessment Entity*, the *Receiving Programs*, the Funding Agency, the Client, and other Collateral Contacts as determined necessary.

J. Returns to Homelessness and Discharges without a Stable Placement

If an individual or family residing at a permanent housing project is at risk of returning to homelessness or an individual or family is being discharged from a transitional housing project or shelter without a stable placement, the service provider is required to notify the local CAN at the earliest possible point in the process. The CAN will convene a case conference to evaluate the situation, determine intervention(s) that might help to preserve housing or secure an alternative placement, plan for the best possible outcome and try to prevent a return to homelessness. This requirement does not apply in situations of imminent risk to self or others.

K. Holding Beds/Units to Locate People

Emergency Shelter

Once a referral is made to emergency shelter, the provider is required to hold a bed until 7pm (or the latest time possible given staffing limitations).

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Once referral/s have been made by the Coordinated Access Network, the Receiving Program is required to hold the unit vacant for 5 days in order to locate and inform the individual/household of the availability of housing and arrange the intake.

L. Grievance and Appeal Policies

All households shall have the right to appeal eligibility determinations and individual program acceptance decisions. Appeals of program acceptance decisions should be first made to the receiving agency using their grievance process. The entity receiving the appeal must respond in writing to all appeals within 14 days.

All appeals of eligibility decisions made by a CAN and appeals of receiving program acceptance decisions that could not be resolved to the satisfaction of the applicant through the receiving agency's grievance process shall be managed in accordance with the CT Department of Mental Health and Addiction Services Appeals Process. That process entails these steps: 1) Informal conference with the Shelter Plus Care Screening Committee or an equivalent body that replaces S+C Screening Committees post full CAN implementation 2) Hearing with the DMHAS Appeal Panel 3) Final review with the Director of Housing and Homeless Services. Each step is available to the applicant if the previous step did not result in satisfactory resolution. (Final Decision TBD based on outcome of statewide CAN planning meeting – CT DMHAS policy to be updated to conform with CAN process)

DMHAS funded programs must comply with their appeals process. (See Section O for the CT Department of Mental Health and Addiction Services Appeals Process)

M. Process for Referrals to DV, VA and other non-HMIS programs including paper referrals

DV: See policy drafted by CCEH and the CT DV Network (See Section P). If the household does not wish to seek DV specific services, the household will have full access to the Coordinated Access Network programs and services.

Veterans: To be developed

N. Definitions

Chronically Homeless (HUD Definition):

HUD Released the Final Rule on Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless" on 12/4/15. The final rule defines chronic homelessness as follows:

(1) A “homeless individual with a disability”:

- i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living as described in paragraph (1)(i) above continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i) above. Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an **institutional care** facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) **A family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition):

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

O. DMHAS CoC Rental Assistance Appeal Process – *excerpted from the DMHAS Permanent Supportive Housing Rental Assistance Administrative Plan (updated June 16, 2016)*

Introduction

1. Any participant determined to be ineligible for or being terminated from CoC Rental Assistance has the right to appeal. There are several levels of appeal set out below.
2. At all stages of the appeal process, factual findings relating to the individual circumstances of the applicant shall be based on a preponderance of the evidence presented.
3. At all stages of the appeal process, any deadlines for the applicant will be liberally construed.

Informal Conference with the relevant CAN

1. If the relevant CAN finds that the applicant is not eligible, it will notify the applicant in writing, clearly stating the specific reasons for the ineligibility determination and informing the applicant that he/she has the right to appeal the ineligibility decision.
2. The appeal process may begin with an informal conference with the relevant CAN. The CAN shall provide the applicant/participant with a conference request form and a list of available advocates when it notifies the applicant/participant of the determination. The determination letter must be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant's file
3. When an applicant/participant requests an informal conference with the CAN, the informal conference shall be held within thirty (30) working days of the receipt of the request.
4. The CoC Rental Assistance Housing Office or CAN shall mail a notice of the informal conference to the applicant/participant. The notice of the informal conference shall include the date, time and place for the conference and a clear and specific statement of the issues presented and shall include a list of available advocates. The notice of the conference shall be mailed to the applicant/participant by first class mail.
5. The notice of informal conference with the CAN shall contain the following advisements:

- b. The applicant/participant has a right to review and receive (free of charge before the informal conference) photocopies of the documents in the CoC Rental Assistance file upon which the determination being appealed is based.
 - c. The applicant/participant has the right to have a representative or advocate present at the informal conference with the CAN. A list of available advocates shall be provided with the notice of the informal conference.
 - d. The applicant/participant will be given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the initial decision at the informal conference.
 - e. The applicant/participant has the right to question any witnesses who may be present at the informal conference and to be informed in advance who those witnesses will be.
 - f. The applicant/participant has the right to bring his/her own witnesses and/or advocates to the informal conference.
6. If the applicant/participant has any special needs or accommodations or transportation problems which may affect his/her ability to attend the informal conference, he/she should contact the CoC Rental Assistance Housing Office. The relevant CAN shall conduct an informal conference with the applicant/participant.
 7. At the conference, the applicant/participant and the CAN may make an agreement.
 8. If the CAN and the applicant/participant do not reach an agreement, the CAN will inform the applicant/participant, in writing (mailed first class) of the specific reason(s) for the determination, and the applicant/participant's right to a formal conference with the DMHAS Appeal Panel. That written notification will include a list of advocates.
 9. The CAN shall make its determination and mail the notice of the determination to the applicant/participant within fifteen (15) working days following the informal conference.
 10. The Housing Office staff CAN shall provide the applicant/participant with a hearing request form, which contains the name and address of the DMHAS Housing Director, and instructions for requesting a hearing orally.

Hearing with DMHAS Appeal Panel

This panel will have three members, one representing the DMHAS Housing Staff, one representing the DMHAS Recovery Community Affairs staff, and one representing a CoC Rental Assistance Housing Office outside of the CAN from which the appeal originated.

1. When an applicant/participant requests a hearing with the DMHAS Appeal Panel, the hearing shall be held within thirty (30) working days of the receipt of the request.
2. The notice of hearing shall include the date, time, and place of the hearing and a clear statement of the issues presented. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than 10 days

before the scheduled hearing. The notice of hearing with the DMHAS Appeal Panel shall contain the same advisements as described in above section. (Section XIV, Part B 5)

3. At the hearing, evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings. However, a decision to deny or terminate eligibility cannot be based on hearsay evidence alone. Applicants/ participants must have the opportunity to confront and cross examine adverse witnesses.
4. The DMHAS Housing staff shall keep a sign-in sheet of those who attended the hearing and a list of the documents discussed and witnesses present.
5. Within ten (10) working days of the hearing, the DMHAS Appeal Panel shall issue a written decision specifying the reasons for the decision and informing the applicant/participant that he/she can request a final review by the Review Panel. The decision shall be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant file.
6. DMHAS Housing staff shall provide the applicant/participant with a request form for the final review with the Review Panel, which contains the name and address of the Review Panel contact, and instructions for requesting a final review orally.

Final Review by Review Panel

1. When an applicant/participant requests a final review from the Review Panel, the final hearing shall be held within fifteen (15) working days of the receipt of the request.
2. The final review will be conducted by a Review Panel composed of three individuals:
 - a. The first Review Panel member will be the DMHAS Team Leader.
 - b. The second Review Panel member will be a participant/applicant Advocate (not representing applicant), including but not limited to, NAMI, Legal Services, Connecticut Legal Rights Project, CT Community for Addiction Recovery (CCAR) and Advocacy Unlimited.
 - c. The DMHAS Team Leader and the Advocate will select a third Review Panel member. To qualify as a Review Panel member, the individual must have participated in the training workshop regarding this Administrative Plan and must not be a person (or a subordinate of a person) who made or approved the decision being appealed;
 - d. The Review Panel members will serve pro bono.
3. The notice of the final review shall include the date, time and place for the hearing and a clear and detailed statement of the issues. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than ten (10) days before the scheduled hearing. The notice shall contain the same advisements as stated above (Section XIV, Part B 5) and a copy will be maintained in the applicant/participant file.
4. The Review Panel shall keep a sign-in sheet of those who attended the final review and a list of documents discussed and witnesses present.

5. The final review shall be governed by the process described above in Section XIV Part C.
6. The Review Panel shall issue a written decision within (15) working days of the final review, giving a short statement of the facts on which the decision is based.
7. Copies of the Review Panel's decision shall be mailed to the applicant or participant by first class mail and retained in the applicant/participant's file.

Disputes/Complaints Regarding CoC Rental Assistance

When a participant has a dispute (complaint) about the administration of the CoC Rental Assistance Program (e.g., rent calculation, repair issues, mistreatment by the Housing Office , etc.) he/she may use the review process described in Section XIV of the administrative plan, including: A) Informal Conference with CAN; B) Hearing with DMHAS Appeal Panel C) Final Review by Review Panel

P. Domestic Violence Protocol

An effective Coordinated Access System in CT:

- Includes domestic violence service providers in the coordinated access systems in every community:
 - Domestic violence providers are engaged in all phases of the Coordinated Access process from planning through implementation and evaluation.
 - Domestic violence providers are included in the day to day operations of the Coordinated Access system, including daily identification and coordination of services for domestic violence survivors.
- Has safety assessment options for survivors of domestic violence and offers immediate referral to domestic violence services if needed;
 - 211 call specialists, trained in working with survivors of domestic violence, will continue to serve as a front door for screening of domestic violence survivors and will make immediate referral to domestic violence services when needed.
- Provides an option for survivors to access the statewide network of domestic violence providers;
- Takes a trauma-informed approach;
 - Recognizes the prevalence of trauma and how it impacts people and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
 - Takes a thoughtful perspective on how assessment is completed and how many times survivors may be asked to tell their stories, the impact of these questions and the potential for re-traumatizing survivors in this process
- Screens for domestic violence in the initial steps of the coordinated access process;

- CCADV or their member agencies will provide training on how to best screen for DV issues.
 - Screening questions for DV will be included in the HMIS Intake, that will indicate when referral to DV services may be needed
- Allows self-certification of homelessness for survivors of domestic violence (in accordance with federal law around eligibility for services that indicate that domestic violence survivors are considered homeless if they are actively fleeing)
- Provides for training of all coordinated access staff in the confidentiality and privacy rights of domestic violence survivors, included in the federal Violence Against Women Act (VAWA) and CT state law;
 - To be provided by CCADV or their member agencies
- Permits survivors and others to decline having their personal information entered into HMIS, and maintains confidentiality, without limiting their access to programs and services, in accordance with the Violence Against Women Act;
 - Allows for anonymous entry of domestic violence survivors into HMIS in order to meet funder data entry requirements with a protocol to be determined.
- Encourages referrals for domestic violence survivors that are made based on knowledge of the programs and program types that are most appropriate for survivors of domestic violence;
- Provides for training of coordinated access staff on issues related to domestic violence survivors, including risk assessment and delivery of trauma-informed services;
 - Training will be provided by CCADV
- And recognizes that survivors connect to housing services most successfully when domestic violence service providers work in conjunction with homeless services providers.
 - Rapid rehousing, transitional housing and permanent supportive housing resources are critical for all homeless households entering the services system including survivors of domestic violence.

IX. Appendix

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

As a participant in or applicant to any emergency shelter, transitional housing, rapid re- housing, or permanent supportive housing project operating within the Connecticut Balance of State Continuum of Care (CT BOS CoC), **YOU HAVE THE RIGHT TO:**

- Not be discriminated against based on race, color, national origin, religion, sex, actual or perceived sexual orientation, gender identity/expression, disability or marital status.
- Not be denied admission or separated from members of your family based on any of these things.
- To decide for yourself who is a member of your family and to be served together with those people whether your family includes adults and children or just adults, or the age, disability, marital status, actual or perceived sexual orientation, or gender identity of any member of your family.
- To be placed in a shelter based on the gender with which you identify.
- If at any time you express safety or privacy concerns, the project must take reasonable steps to address your concerns.
- Not to be sexually harassed.

In addition, as a participant in any transitional housing, rapid re-housing, or permanent supportive housing project funded by CT BOS CoC **YOU HAVE THE RIGHT:**

- To be treated with respect and dignity and in a way that honors differences.
- To get services that meet your needs with a focus on helping you to get and keep permanent housing and achieve the things that are important to you.
- To not be physically, sexually, verbally and/or emotionally abused or threatened.
- To receive services that are consistent with the Housing First model (See details attached).
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CT BOS CoC Participant/Applicant Bill of Rights

- To receive a written statement describing the services provided by the project, any rules and your responsibilities and to receive an updated written statement if any changes are made.
- To have your personal information and records kept private and not shared without your written permission and to say with whom the information can be shared.
- To be informed of situations when your personal information can be shared without your permission, for example, when there is a medical emergency, when a clear and immediate danger to you or to others exists, when there is possible child or elder abuse, or when ordered by a court of law.
- To make suggestions and complaints about services or denial of services.
- To receive a prompt and reasonable response to requests and complaints.
- To have the freedom to participate in or choose not to participate in services and activities offered by the CoC project or by any other organization in the community.
- If you are no longer going to get services and/or housing, to get a written notice that includes a clear statement of the reasons, an opportunity to appeal the decision, and the right to receive a written notification of the final decision. This right applies whether you decide you no longer want the services or the project decides they can no longer serve you.
- If you are a participant in a tenant-based rental assistance program, you have the right to choose the housing unit you will live in and to move within the CT BOS CoC area when your lease expires. All housing units must meet HUD standards, and you may be directed to a smaller geographic area, if necessary, to ensure that you can get services, unless that would put you at likely threat of violence or stalking.
- To receive a copy of these rights and to have someone review them with you when you enter the project.

Please sign below to indicate that you received a copy of these rights and someone reviewed them with you. More information about your rights and what you can do if you believe your rights have been violated is attached.

Participant/Applicant Name	Participant/Applicant	Signature Date
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Staff Name	Staff Signature Date
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CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

ADDITIONAL INFORMATION ABOUT YOUR RIGHTS

- A shelter or housing program is allowed to limit assistance to households with children; however, it may not limit assistance to only women with children and must also serve the following family types:
 - Single men with minor children; and
 - Any household made up of two or more adults with minor children, regardless of sexual orientation, marital status, or gender identity,
- Projects may not ask about your sexual orientation or gender identity to determine if you are eligible. This does not mean that you cannot choose to share that information. Emergency shelters may ask about your sex if they have shared sleeping areas or bathrooms. Other types of projects may also ask about your family members' sex to determine the number of bedrooms you need.
- There, generally, is no reason for a provider to request documentation of your sex in order to determine where to place you. You should not be denied access to a single- sex emergency shelter because your documents indicate a sex different than the gender with which you identify. The provider may not ask you questions or seek information or documentation about your anatomy or medical history. The provider also may not consider you ineligible for an emergency shelter or other facility because your appearance or behavior does not conform to gender stereotypes.
- Reasonable steps that a provider must take to address a transgender client's safety or privacy concerns, include, for example: adding a privacy partition or curtain; allowing you to use a nearby private restroom or office; or having a separate changing schedule. The provider must permit any transgender clients expressing concern to use bathrooms and dressing areas at a separate time from others in the facility. The provider should work with the layout of the facility to provide for privacy in bathrooms and dressing areas, if possible. For example, toilet stalls should have doors and locks and there should be separate showers stalls to allow for privacy. The provider should ensure that its policies do not isolate or segregate you based upon your gender identity.

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

WHAT CAN I DO IF I FEEL MY RIGHTS HAVE BEEN VIOLATED?

- If your family has been separated or you believe your rights have been violated in any other way, you can submit a complaint to the CT BOS CoC at ctboscoc@gmail.com
- You can also contact the HUD Hartford Field Office at (860) 240-4800.
- If you believe you have been discriminated against based on race, color, national origin, religion, sex, disability, or familial status, you can file a fair housing complaint with HUD by telephone (800-669-9777) or via the Internet. Follow this link to fill out

a fair housing complaint form [online](#).

□ Connecticut's anti-discrimination laws also protect people who are gay, lesbian, bi-sexual, and transgender. You may file a complaint in person or in writing at the [Connecticut Commission on Human Rights and Opportunities \(CHRO\)](#). The main office of the CHRO is at 21 Grand St., Hartford, CT 06106. You should call them because they will want you to file your case in the appropriate regional office. Their number is (800) 477-5737 and you can visit their website at www.state.ct.us/chro

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

- Low barrier approach to entry:
Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - 28. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - 29. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness."

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

30. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
31. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

☐ Housing is integrated into the community and tenants have ample opportunity and

are supported to form connections outside of the project.

CT BOS HOUSING FIRST PRICIPLES

32. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
33. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

34. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
35. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
 - c. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

- d. In order to terminate housing, PH providers are required to use the legal court eviction process

Separation of housing and service eviction process.

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - c. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

**CONNECTICUT HOMELESS MANAGEMENT INFORMATION SYSTEM
(CT HMIS)**

POLICIES AND PROCEDURES MANUAL

Version 5.2: Revised July 2016 -

**The Connecticut Homeless Management Information System (CT HMIS) is managed by the
Connecticut Coalition to End Homelessness. For further information about the CT HMIS
contact:**

**Connecticut Coalition to End Homelessness
257 Lawrence Street
Hartford, CT 06106
Voice :(860) 721-7876
FAX: (860) 257-1148
www.cceh.org**

SECTION 1:
CONTRACTUAL REQUIREMENTS AND ROLES

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Written: 10/2005

Revised: 07/2013

Approved:

POLICY 101: CT HMIS CONTRACT REQUIREMENTS

Policy:

The CT HMIS Lead Agency is tasked with coordination and provision of data management services to Homeless programs, including emergency shelter, transitional and supportive housing programs, and other HUD funded programs that are required to participate in a CT HMIS. Participating Agencies shall sign a Memorandum of Understanding and comply with the stated requirements.

Procedure:

The CT HMIS Lead Agency will contract for and administer a contract for a fully functional and secure HMIS, which may include a CT HMIS System Administrator who will also be bound by these policies and procedures.

Participating HMIS Agencies shall sign a Memorandum of Understanding (see Attachments) and comply with the stated requirements. Participating Agencies will be granted access to the CT HMIS software system after:

- The Memorandum of Understanding (MOU) has been signed with CT HMIS Lead Agency, and
- Participating Agencies have put into place the stated requirements in the MOU.

Agencies agree to comply with the policies and procedures approved by the CT HMIS Steering Committee.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Written: 10/2005

Revised: 07/2013

POLICY 102: CT HMIS STEERING COMMITTEE

Approved:

Policy:

A Steering Committee, convened by CT HMIS Lead Agency, representing stakeholders to this project, will advise all project activities. The committee meets on a schedule it determines. (A current CT HMIS Steering Committee Membership List may be obtained from CT HMIS Lead Agency).

The CT HMIS Steering Committee guides this project, serves as the decision making body and provides advice and support to the CT HMIS Lead Agency staff.

Procedure:

The CT HMIS Steering Committee will take actions that ensure adequate privacy protection provisions in project implementation.

Membership of the CT HMIS Steering Committee will be established according to the following guidelines:

- Each Continuum and sub-continuum of the Balance of State, will appoint two individuals who will represent their members and communicate back to them.
- Each Continuum/sub-continuum is responsible to find a replacement for any representative that is participating inconsistently or is inactive.
- The CT HMIS Steering Committee has the authority to add representatives from other sectors of the community in a method it deems appropriate.

The CT HMIS Steering Committee has decision making authority in the following areas:

- Determining the guiding principles that should underlie the implementation activities of the CT HMIS, including participating organizations, consumer involvement and service programs;
- Selecting the minimal data elements to be collected by all programs participating in the CT HMIS project;
- Defining criteria, standards, and parameters for the release of aggregate data, aggregated and disaggregated; and
- Approving the software vendor

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Written: 10/2005

Revised: 07/2013

POLICY 103: CT HMIS MANAGEMENT

Approved:

Policy:

The Executive Director of the CT HMIS Lead Agency is responsible for oversight of all contractual agreements with funding entities, and the CT HMIS organization's adherence to the guiding principles, as determined by the CT HMIS Steering Committee.

Procedure:

- The Statewide CT HMIS Steering Committee holds the final authority for all decisions related to the statewide governance of the CT HMIS. CT HMIS Lead Agency is responsible for the day-to-day operation and oversight of the system and the CT HMIS Steering Committee grants CT HMIS Lead Agency the authority to act on its behalf to address operational and system level concerns as they arise. This authority may be delegated to third parties at the discretion of CCEH management. Decisions made or actions authorized by CT HMIS Lead Agency which do not satisfy an interested party, which may be an agency (agencies) or a consumer(s), may be brought before the CT HMIS Grievance Committee for review in accordance with the CT HMIS Grievance Procedure. (See Grievance Procedure policy and forms pages)
- The Grievance Committee members shall be selected on a rotating basis and shall not have a conflict of interest for the grievance they are adjudicating. Membership will consist of one Co-Chair of the CT HMIS Steering Committee, one CT HMIS System Administrator and three CT HMIS Steering Committee members.

CT HMIS Lead Agency responsibilities for the operation and oversight of the system include:

- Management of technical infrastructure;
- Planning, scheduling, and meeting statewide project objectives;
- Coordinating training and technical assistance including an annual series of training workshops for end users, agency administrators; and
- Implementing software enhancements approved by the CT HMIS Steering Committee.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**Written: 07/2013****POLICY 105: CT HMIS SECURITY OFFICER****Revised:****Approved:****Policy:**

The CT HMIS Lead Agency must designate a CT HMIS Security Officer. Each Participating Agency must designate an Agency Security Coordinator who is responsible for ensuring each Participating Agency is meeting the minimum security requirements established in the Security Plan and the CT HMIS Participation Agreement, and is authorized by the Executive Director or Designee of the Participating Agency to provide verification of that status.

Procedure:

The CT HMIS Security Officer is named by the CT HMIS Lead Agency. The duties of the Security Officer must be included in the individual's job description. These duties include, but may not be limited to:

- Cooperatively with the CT HMIS Administrator, review the Security Plan annually and at the time of any change to the security management process, the system software, the methods of data exchange, and any HMIS data or technical requirements issued by HUD. In the event that changes are required to the CT HMIS Security Plan, work with the CT HMIS Administrator to develop recommendations to the CT HMIS Steering Committee for review, modification, and approval.
- Annually review the CT HMIS Security Plan, test the CT HMIS security practices for compliance, and work with the CT HMIS Administrator to coordinate communication with the CT HMIS System Administrator(s) to confirm security compliance of the system.
- Using the CT HMIS Security Plan, certify that the CT HMIS Lead Agency adheres to the Security Plan or develop a plan for mitigating any shortfall, including milestones to demonstrate elimination of the shortfall over as short a period of time as is possible.
- Implement any approved plan for mitigation of shortfalls and provide appropriate updates on progress to the CT HMIS Steering Committee.
- Respond, in cooperation with the CT HMIS Administrator, to any security questions, requests, or security breaches to the CT HMIS System Administrator and CT HMIS Security Officer, and for communicating security-related HMIS information relayed from CT HMIS Lead Agency to the Participating Agency's Licensed End Users.
- Work with the CT HMIS System Administrator to communicate and interact collaboratively with the Agency Security Coordinators.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**Written: 10/2005****Revised: 07/2013****POLICY 106: PARTICIPATING AGENCY RESPONSIBILITY****Approved:****Policy:**

Each Participating Agency will be responsible for oversight of all agency staff that generate or have access to consumer-level data stored in the system software to ensure adherence to HIPAA and all State and Federal regulations as well as to ensure adherence to the CT HMIS principles, policies and procedures outlined in this document.

Procedure:

The Participating HMIS Agency:

- Holds final responsibility for the adherence of the agency's personnel to The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all State and Federal regulations as well as ensuring adherence to the CT HMIS principles, policies and procedures outlined in this document;
- Is responsible for all activity associated with agency staff access and use of the CT HMIS data system;
- Is responsible for establishing and monitoring agency procedures that meet the criteria for access to the CT HMIS System, as detailed in the policies and procedures outlined in this document;
- Will have established policies and procedures to prevent any misuse of the software system by designated staff;
- Agrees to allow access to the CT HMIS System only to staff who have been trained in the CT HMIS system and who have a legitimate need for access. Need exists only for those designated personnel and/or volunteers who work directly with (or who supervise staff who work directly with) consumers, or have data entry or technical responsibilities;
- Agrees to follow approved policies and procedures for all changes as identifies by the CT HMIS Lead Agency and/or the CT HMIS Steering Committee;
- Oversee the implementation of data security standards;
- Assume responsibility for integrity and protection of consumer-level data entered into the CT HMIS system;
- Ensure organizational adherence to the CT HMIS Policies and Procedures;
- Assign staff to serve as Agency Security Coordinator and HMIS Data Coordinator;
- Agency Security Coordinator and/or HMIS Data Coordinator will effectively communicate system requirements and changes to Agency Licensed End Users;
- Authorize system access to agency staff;
- Monitor compliance and periodically review data quality and completeness;
- Ensure that data is collected in a way that respects the dignity of the consumers;
- Ensure that all required data is collected and entered accurately and on time (timeliness is determined by HUD and other funders, and varies by program type);
- Provide prompt and timely communications of data, changes in license assignments, and user accounts and software to the CT HMIS Systems Administrator; and

POLICY 106: PARTICIPATING AGENCY RESPONSIBILITY, continued

- Notify CCEH CT HMIS staff of any issue relating to system security or consumer confidentiality on a timely basis and using the Security Alert Reporting Form for CT HMIS (attached).

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Written: 10/2005

Revised: 07/2013

POLICY 107: PARTICIPATING AGENCY HMIS DATA COORDINATOR

Approved:

Policy:

Every Participating Agency must designate one person to be the HMIS Data Coordinator (HDC) who holds responsibility for the coordination of the system software in the agency.

Procedure:

The HMIS Data Coordinator will be responsible for duties including:

- Serve as point-person in communicating with CT HMIS System Administrator
- Ensure to the extent possible that all agency and program data is entered accurately and on time according to all contractual requirements
- Facilitate timely reporting from the agency she/he represents (unless the agency has designated another person for this function) reports such as;
 - DSS Emergency Shelter Utilization Report
 - DSS AIDS Funded Program Report
 - HUD Annual Performance Report (APR)
 - Data Quality Reports etc.
- Ensure that all agency staff who will be using HMIS:
 - Receive authorized HMIS training
 - Satisfactorily demonstrated proficiency in use of the software
 - Understand the Policies and Procedures that apply to their role in the system.
- Designate each individual's level of access by submitting a Designation of Access (DOA) form (as provided by, and) to CT HMIS System Administrator.
- Notify CT HMIS System Administrator when a CT HMIS system user leaves the agency or no longer requires access to the CT HMIS system.
- Grant technical access to CT HMIS for agency staff as needed.
- Keep agency and Program information up to date. This includes but is not limited to, location, services provided, HUD requirements, and bed inventories (for housing programs).
- Notify all users in their agency of interruptions in service, changes to data entry workflow, reporting requirements, and upcoming trainings.
- Attend monthly HMIS Data Coordinator meeting held by CT HMIS System Administrator
- Inform CT HMIS users and senior management of pertinent activity.
- Ensure agency is prepared for annual site visits

The following responsibilities may be performed by the Agency Security Coordinator or the HDC, who may be the same individual:

POLICY 107: PARTICIPATING AGENCY HMIS DATA COORDINATOR, continued

- Assume responsibility for the integrity and protection of consumer-level data by following the policies outlined for the project, which include but are not limited to:
 - Consumer CT HMIS Consent and Release of Information Forms (see Attachment) are signed and on file;
 - Interagency agreements are signed and on file (when applicable);
 - Ensure that the proper IT controls are in place for network, desktop and user security;

CT HMIS Lead Agency will coordinate training and technical assistance for HMIS Data Coordinators.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**Written: 10/2005****Revised: 07/2013****POLICY 108: AGENCY SECURITY COORDINATOR****Approved:**
-----**Policy:**

Every Participating Agency must designate one person to be the Agency Security Coordinator who holds responsibility for the coordination of the system software in the agency. The Agency Security Coordinator and the HMIS Data Coordinator may be, but are not required to be, the same person.

Procedure:

The Agency Security Coordinator will ensure Participating Agency compliance with the administrative requirements as listed in the CT HMIS Memorandum of Understanding, Section B Attachments.

The Agency Security Coordinator oversees the implementation of data security policies and standards and will:

- Assume responsibility for integrity and protection of consumer-level data entered into the CT HMIS system;
- Ensure organizational adherence to the CT HMIS Policies and Procedures;
- Authorize data access to agency staff and assign responsibility for custody of the data;
- Monitor compliance and periodically review data security;
- Ensure that data is collected in a way that respects the dignity of the participants;
- Ensure that all data collected must be relevant to the purpose for which it is used, that the data is entered accurately and on time;
- Provide prompt and timely communications of data, changes in license assignments, and licensed end user accounts and software to the CT HMIS System Administrator;
- Notify CT HMIS Lead Agency staff of any issue relating to system security or consumer confidentiality (Security Alert Report).

Memorandum of Understanding Attachment B

- Agency has a policy detailing its internal communication practices for HMIS matters consistent with Section 2 of the CT HMIS policies and procedures;
- Agency has a policy for granting access to its agency-level HMIS-compliant system's end users consistent with Section 3 of the policies and procedures;
- The agency has adopted Licensed End User Agreement provided by CT HMIS Lead Agency;
- Licensed End User Agreements are signed and on file for all staff who access the agency-level HMIS-compliant system.
- Agency has a policy for managing the breach of Licensed End User agreements.
- Agreement that meets the minimum standards outlined in Section 3 of the policies and procedures;

POLICY 108: PARTICIPATING AGENCY'S AGENCY SECURITY COORDINATOR, continued

- Each end user has been trained on system use, privacy, security, and data collection requirements consistent with train the trainer sessions provided by the CT HMIS Lead Agency or its Agent, the CT HMIS System Administrator, and the CT HMIS policies and procedures, consistent with Section 3 of the policies and procedures.
- Agency is a HIPAA covered entity and has a Privacy Policy that meets HIPAA requirements (you must attach a copy of your HIPAA Privacy Policy).
- Agency is not a HIPAA covered entity and the agency has adopted the minimal standard Privacy Policy provided by the CT HMIS Lead Agency
- Agency is not a HIPAA covered entity and has established a Privacy Policy that otherwise meets the minimum requirements established in Section 2 of the policies and procedures (you must attach a copy of the non-standard Privacy Policy).
- The agency's Privacy Policy is posted on the agency's website.
- A sign including the required language described in Section 2 of the policies and procedures is posted at all intake desks or other location where data collection occurs.
- The agency has a policy requiring that all consumer data is entered into the system within, at most, the timeframe established in CT Data Quality Standards (following the standards required by HUD for HMIS data) as approved and adopted by the CT HMIS Steering Committee
- The agency has a policy for conducting logic checks to validate the accuracy of the data in its program-level HMIS-compliant system and regularly comparing universal and provider program specific data elements to available paper records and updating/correcting missing or inaccurate data, consistent with the CT Data Quality Standards.

Agency Procedure: Each Agency will provide the name and contact information of the Agency Security Coordinator at least annually in the Security Certification document. Changes to the individual named as the Security Contact that occur during the course of the year will be communicated via email to the CT HMIS System Administrator and CT HMIS Security Officer within thirty days of the change.

The CT HMIS Security Officer will maintain the name and contact information of the current Agency Security Coordinator of each Agency on file. This file is considered part of the CT HMIS Security Plan and is incorporated by reference.

- Communicate any security questions, requests, or security breaches to the CT HMIS System Administrator and CT HMIS Security Officer, and security-related HMIS information relayed from CT HMIS Lead Agency to the agency's licensed end users.

POLICY 108: PARTICIPATING AGENCY'S AGENCY SECURITY COORDINATOR, continued

- Complete security training offered by the CT HMIS System Administrator. Additional duties that may be incorporated in the Agency Participation Agreement on a case-by-case basis include:
 - Provide security training to the agency's end users based on Security training provided to the Agency Security Coordinator by the CT HMIS System Administrator.
 - Any security-related questions from Agency staff will be communicated to CT HMIS Lead Agency via the Agency Security Coordinator, consistent the CT HMIS policies and procedures.

CT HMIS Lead Agency will coordinate training and technical assistance for Agency Security Coordinators.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES**Written: 10/2005****Revised: 07/2013****POLICY 109: LICENSED END USER****Approved:****Policy:**

All individuals at the CT HMIS Lead Agency, CT HMIS System Administrator and at the Participating Agency levels who require legitimate access to the software system will be granted such access after training and agency authorization. Individuals with specific authorization can access the system software application for the purpose of conducting data management tasks associated with their area of responsibility.

Procedure:

- The CT HMIS Systems Administrator agrees to authorize use of the CT HMIS only to users who have received appropriate training, and who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out CT HMIS responsibilities.
- The Participating Agency agrees to authorize use of the CT HMIS only to users who need access to the system for data entry, editing of consumer records, viewing of consumer records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Licensed End User Requirements:

- Licensed End Users are any persons who use the CT HMIS software. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure.
- Licensed End Users are responsible for protecting institutional information to which they have access and for reporting security violations.
- Licensed End Users must comply with the data security policy and standards as described and stated by the Agency.
- Licensed End Users must stay current with software modifications, policy and procedure updates, and security protocols.
- Licensed End Users are expected to work collaboratively with HMIS Data Coordinators and Agency Security Coordinators, to maximize system functionality and data accuracy and relevance.
- Licensed End Users are accountable for their actions and for any actions undertaken with their usernames and passwords. Licensed End Users must advise the Agency Security Coordinator, HMIS Data Coordinator (and/or CT HMIS System Administrator) if their passwords are compromised.
- Contractors, volunteers, interns and others who function as staff, whether paid or not, are bound by the same Licensed End Users responsibilities and rules set forth in this manual.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Written: 10/2005

Revised: 08/2013

POLICY 110: TRAINING SCHEDULE

Approved:

Policy:

CT HMIS Lead Agency will coordinate training for system users. CT HMIS Lead Agency may contract with the CT HMIS System Administrator or other entities that are qualified to provide the appropriate training. Different levels of training are required for level of access and roles such as Systems Administrators, HMIS Data Coordinators, Agency Security Coordinators and Licensed End Users. Training will occur on a regular basis. The schedule of trainings will be published by the CT HMIS Lead Agency.

Procedure:

All system users must have a license and have successfully completed training that is required for the level of access prior to use of the system.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Written: 10/2005

Revised: 07/2013

POLICY 111: AMENDING POLICIES AND PROCEDURES

Approved:

Policy:

These Policies and Procedures may be amended. It is expected that information will be added, removed and altered as necessary.

Procedure:

Each Continuum has representation on the CT HMIS Steering Committee. Any changes suggested by any party in the Continuum may be presented by a member of the CT HMIS Steering Committee or any CT HMIS Lead Agency staff member to the CT HMIS Steering Committee. Suggestions will be handled and recommendations for action will be made according to the CT HMIS Steering Committee procedure for making decisions.

SECTION 1: CONTRACTUAL REQUIREMENTS AND ROLES

Written: 07/2013

Revised:

POLICY 113: DISASTER RECOVERY PLAN

Approved:

Policy:

The CT HMIS System Administrator will maintain a current Disaster Recovery Plan.

Procedure:

The CT HMIS Steering Committee will set a schedule and procedures for reviewing the Disaster Recovery Plan.

SECTION 2:
PARTICIPATION REQUIREMENTS

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005

Revised: 07/2013

POLICY 201: PARTICIPATION AND IMPLEMENTATION REQUIREMENTS

Approved:

Policy:

In order to participate in CT HMIS Participating Agencies must sign the CT HMIS Memorandum of Understanding (MOU), meet the minimum criteria stated within the MOU, and comply the CT HMIS Policies and Procedures.

Procedure:

Participating Agencies are responsible for the following responsibilities whether discharged by employed personnel or through contract:

- a) Compliance and self-certification thereof, with all policies, procedures and agreements through mechanisms established by the CT HMIS Steering Committee (see CT HMIS Memorandum of Understanding, Exhibits A and B)
- b) Collecting and entering data into CT HMIS as per these policies and procedures
- c) Ensuring end users of the program level HMIS compliant system are adhering to the privacy and confidentiality requirements
- d) Ensuring end-user participation in trainings
- e) Participating in CoC meetings and other initiatives of their CoC(s)
- f) Assigning qualified personnel to support initiatives such as the ECM software implementation
- g) Produce all necessary HUD reports, e.g. APR, ESG.

The CT HMIS Lead Agency or its designee will monitor Participating Agency compliance with these policies and procedures and can verify Self-Certifications via site visits. Participating Agencies must self-certify that Administrative and Security Checklist requirements are met.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005

Revised: 07/2013

POLICY 202: CT HMIS LEAD AGENCY DATA SECURITY RESPONSIBILITY

Approved:

Policy:

CT HMIS Lead Agency will manage the contractual relationship with a third party software vendor who will in turn continue to develop, implement and maintain all components of operations of the web-based system including a data security program.

Procedure:

The CT HMIS Lead Agency, in consultation with the CT HMIS Steering Committee, will:

- Develop the Security Plan;
- Implement its standards; and
- Require compliance.

Access to areas containing statewide CT HMIS equipment, data, and software will be secured. All client-identifying information will be strictly safeguarded in accordance with appropriate technical safeguards. All data will be securely protected to the maximum extent possible. Ongoing security assessments to include penetration testing will be conducted on a regular basis.

The scope of security includes:

- Technical safeguards;
- Physical safeguards, including, but not limited to locked doors;
- Network protocols and encryption standards such as https/ssl encryption (an indicator of encryption use); and
- Client data security (Data Encryption).

A CT HMIS Security Officer will be assigned by the CT HMIS Lead Agency to monitor the CT HMIS Security Plan, and monitor compliance by Participating Agencies and Licensed End Users, in collaboration with the CT HMIS System Administrator.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005

Revised: 08/2013

POLICY 205: STATEWIDE DATA SHARING REQUIREMENT

Approved:

Policy:

Multiple funders of programs that provide services to homeless individuals and families require a standardized data collection system (HMIS). HUD and other funders mandate data sharing among Participating Agencies. CT HMIS is compliant with this requirement and all Participating Agencies must follow data sharing policy and procedures. In addition, Participating Agencies must follow Privacy and Informed Consent procedures as outlined in relevant policies.

Procedure:

Participating Agencies must ensure that all Licensed End Users are aware of the Statewide Data Sharing Requirement and understand the benefits and need for confidentiality, inform consumers of their options and have the proper internal policies and procedures to protect consumer data.

Participating Agencies must inform each consumer whose record is included in the CT HMIS that data in the system is shared. Each consumer must authorize the inclusion of their information in the system through the written consumer consent and release of information form to have data shared at the level they determine (Attachment). Consumer consent and privacy policies must be followed.

SECTION 2: PARTICIPATION REQUIREMENTS**Written: 10/2005****Revised: 08/2013****Approved:****POLICY 207: CONFIDENTIALITY, INFORMED CONSENT TO ENTER DATA AND SYSTEM WIDE RELEASE OF INFORMATION****Policy:**

Each consumer must authorize the inclusion of their information in the CT HMIS system through the written consumer consent and release of information form. This authorization determines the level of data to be included and shared.

Procedure:

Informed Consent: Includes both an oral explanation and written consumer consent for each consumer.

Oral Explanation All consumers will be provided an oral explanation of CT HMIS. The Participating Agency will provide an oral explanation of CT HMIS and the terms of consent. The agency is responsible for ensuring that this procedure takes place prior to every consumer interview. The Oral Explanation must contain the following information: (Sample script Attachment)

1. Explanation of CT HMIS:
 - Computer based information system that homeless services agencies across the state use to capture information about the persons they serve
2. Why the agency uses it:
 - To understand their consumers' needs
 - Help the programs plan to have appropriate resources for the people they serve to inform public policy in an attempt to end homelessness
 - Federal mandate that all HUD funded homeless providers must enter data into an electronic system and capture universal data elements
3. Security
 - Only staff who work directly with consumers or who have administrative responsibilities can look at, enter, or edit consumer records
4. Privacy Protection
 - No information will be released to another agency without written consent
 - Consumer has the right to not answer any question, unless entry into a program requires it
 - Consumer information is transferred in an encrypted format to CT HMIS
 - Consumer has the right to know who has added to, deleted, or edited their CT HMIS electronic record
 - Information that is transferred over the web is through a secure connection

5. Benefits for consumers.

- Case manager tells consumer what services are offered on site or by referral through the assessment process
- Case manager and consumer can use information to assist consumers in obtaining resources that will help them find and keep permanent housing

Written Consumer Consent to Enter Data:

Each consumer must provide written permission to authorize the agency to enter information into CT HMIS. (Attachment)

Written Consumer Release to Share Data: Each Consumer whose record is being shared electronically with another Participating Agency must agree via a written consumer release of information form to have their data shared. A consumer must be informed what information is being shared and with whom it is being shared. A consumer must also be informed of the expiration date of the consent. (Attachment)

Verbal Consent and Release of Information for telephone based resource access:

Information Release: The Participating Agency agrees not to release consumer identifiable information to any other organization pursuant to federal and state law without proper consumer consent.

Federal/State Confidentiality Regulations: The Participating Agency will uphold Federal and State Confidentiality regulations to protect consumer records and privacy. In addition, the Participating Agency will only release consumer records with written consent by the consumer, unless otherwise provided for in the regulations.

1. The Participating Agency will abide specifically by the Federal confidentiality rules regarding disclosure of alcohol and/or drug abuse records.
2. The Participating Agency will abide specifically by State of Connecticut general laws providing guidance for release of consumer level information including who has access to consumer records, for what purpose and audit trail specifications for maintaining a complete and accurate record of every access to and every use of any personal data by persons or organizations.

Encryption: The Participating Agency understands that all consumer identifiable data is to be made inaccessible to unauthorized users.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 10/2005

Revised: 07/2013

POLICY 208: INFORMATION SECURITY PROTOCOLS

Approved:

Policy:

To protect the confidentiality of the data and to ensure its integrity at the site whether during data entry, storage and review or any other processing function, at a minimum, a Participating Agency must develop and have in place appropriate rules, protocols or procedures.

Procedure:

Participating Agency rules, protocols or procedures must address each of the following:

- Assignment of user accounts
- Unattended workstations
- Physical access to workstations
 - The implementation of hardware and/or software firewall to secure local systems/networks from malicious intrusion.
- Use of Antivirus Software, including the automated scanning of files as they are accessed by users on the system where the HMIS application is housed as well as assuring that all consumer systems regularly update virus definitions from the software vendor.
- Password complexity, expiration, and confidentiality
- Policy on licensed users access which includes not sharing accounts
- Consumer record disclosure, confidentiality and release of information
- Report generation, disclosure and storage
- Maintain and routinely monitor all system access logs for systems which have access to HMIS data.
- Additional requirements as established by the CT HMIS Steering Committee.

Each Participating Agency will participate in annual compliance reviews conducted by the CT HMIS System Administrator.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 07/2013

Revised:

Approved:

POLICY 210: Compliance Review

Policy:

Each Participating Agency will participate in annual compliance reviews conducted by the CT HMIS System Administrator.

Procedure:

Participating Agency will participate in the Annual Administrative Certification Process. This may include a completed and certified Annual Administrative Certification Checklist, attached in the CT HMIS Memorandum of Understanding as Exhibit A; and Annual Security Certification Checklist, attached in the CT HMIS Memorandum of Understanding as Exhibit B.

- Agencies seeking first-time access to CT HMIS will be granted access to CT HMIS when all Administrative and Security requirements as outlined in Exhibits A and B have been self-certified as being met.
- Agencies established on CT HMIS that in any given year are unable to self-certify that all requirements are met will be engaged in a 45-60 day remediation process to correct any shortfall. CT HMIS access will continue during this period.

Any required remediation steps recommended by the CT HMIS System Administrator will be completed in a timely manner by the Participating Agency. The CT HMIS Lead Agency will monitor compliance and remediation steps.

The Participating HMIS Agency shall appoint an HMIS Data Coordinator (HDC) responsible for all duties specified in Exhibit A and any additional relevant duties that may be established by the CT HMIS Steering Committee.

The Agency shall appoint a Participating HMIS Agency Security Coordinator responsible for all duties specified in Exhibit B and any additional relevant duties, such as providing security trainings to Agency staff.

No exceptions can be made for any Agency that has indicated in Exhibit A or B of this Agreement that it does not, at the time of execution of this Agreement, meet all requirements for participation in the CT HMIS. Consistent with CT HMIS Policies and Procedures, Agency shall resolve the issues. First time Agency users of CT HMIS must resolve the issues in order to be granted access to the CT HMIS system. Agencies that already have access will work with the CT HMIS System Administrator in a 45-60 day remediation process to resolve identified issues.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 07/2015

Revised:

POLICY 211: CT HMIS RETRAINING

Approved: 07/2015

Policy:

Agencies with CT HMIS users who are in need of retraining will adhere to the guidelines outlined in the procedure of this policy.

Procedure:

Identification of users who are in need of retraining is based on the following criteria:

- User has not logged into the system in the first 45 days from their initial training
- User has generated three or more helpdesk tickets about the same or similar issue that is unrelated to system performance in a 60 day period
- User has used four or more hours of help desk support in a month for issues unrelated to system performance
- The CoC may also request a re-train of an agency with consistently low UDE and/or ESG performance

When a retraining is necessary, the user(s) will be notified that they must register and attend the appropriate training for their project type within 45 days. The user(s) agency HDC and Executive Director on record with the CT HMIS System Administrator will also be notified of the request and reason for the retraining.

Noncompliance with registration and completion of a training session within the 45 day timeframe will result in the user(s) CT HMIS access being made inactive.

SECTION 2: PARTICIPATION REQUIREMENTS

Written: 05/2016

Revised:

POLICY 212: CT HMIS TRAINING NO SHOW POLICY

Approved: 06/2016

Policy:

CT HMIS trainings are currently provided at no cost to CT HMIS users or potential users. Agencies with new staff, or with existing CT HMIS users who are in need of retraining will adhere to the guidelines outlined in the procedure of this policy.

Procedure:

Definition of “No Show”: A no show occurs when an individual who has registered for an in-person CT HMIS training does not attend and fails to notify the system administrator within 1 full business day in advance of their absence. Training confirmation will be sent from the CT HMIS system administrator, and will include the contact information for whom to contact if the individual cannot attend the training for any reason. If there is an extenuating circumstance that prevents someone from attending training, the fee may be waived if the individual’s supervisor alerts the system administrator.

If an individual is a no show for training, their organization will be charged a no-show fee according to the following schedule:

- First occurrence per organization: \$50
- Subsequent occurrences: \$150 per incident

Monthly, the CT HMIS system administrator will provide the CT HMIS Lead Organization with a list of individuals who were no shows – and the CT HMIS Lead Organization will issue the invoices to the appropriate organizations. Funds collected will generally be used to enhance the CT HMIS training environment and will be allocated by the CT HMIS Data Quality Management sub-Committee of the CT HMIS Steering Committee. If an agency has an outstanding fee for CT HMIS training no-shows for over 60 days, the agency will not be able to register new individuals for CT HMIS trainings until all fees are paid.

SECTION 3: DATA QUALITY

SECTION 3: USER, LOCATION, PHYSICAL and DATA ACCESS

Written: 10/2005

Revised: 07/2013

POLICY 301: MINIMUM REQUIRED DATA ELEMENTS

Approved:

Policy:

The CT HMIS Steering Committee will identify minimum required data elements that are required for every Participating Agency to complete.

The CT HMIS includes data elements that U.S. Department of Housing and Urban Development (HUD) has identified are required, as documented in the Federal Register. For programs that do not have HUD reporting requirements, HUD states that the standards are optional but recommended for CoC's to obtain consistent information. In addition to the HUD required data elements, there are program-specific data elements that are recommended and may be added to funder reports in the future.

Procedure:

The CT HMIS System Administrator will maintain a current data dictionary, located on the CT HMIS website:

Link to file page

http://www.cthmis.com/files/file_detail/1919/

Link is also available off of the main conversion page

http://www.cthmis.com/information/info_detail/category/ct_hmis_conversion/

The CT HMIS Steering Committee may include additional data elements to facilitate reporting for other programs funded in addition to HUD, by organizations including various state agencies such as DSS, DOH, DHMAS, UNITED WAY, and the CT HMIS itself.

SECTION 3: USER, LOCATION, PHYSICAL and DATA ACCESS**Written: 10/2005****Revised: 05/2014****POLICY 302: Data Quality Management Plan****Approved:****Policy:**

The CT HMIS has a multi-faceted data quality management strategy.

The CT-HMIS Steering Committee Bylaws require a Data Quality Management Subcommittee which is charged with implementing and monitoring the Data Quality Management (DQM) Plan, making recommendations and reporting on a periodic basis. The DQM plan will include policies and procedures, indicators and targets, monitoring components and periodic review of the plan itself, on a schedule determined by the sub-committee and approved by the Steering Committee.

Participating Agencies are required to enter data into the system in a timely, complete, and accurate manner. This policy outlines the procedures for adherence to the CT HMIS Data Quality standards including the following elements; Timeliness, Completeness, Accuracy/Consistency, Monitoring, and Incentives/Enforcement.

Participating Agencies are required designate an HMIS Data Coordinator (HDC) who is trained on the software and how to run and review program level reports (including data quality). This person is local contact for agency staff and is usually the most knowledgeable person. The HDC is responsible for adherence to the following Data Quality Standards.

Procedure:

The Data Quality Management Plan is based on establishment of and adherence to Data Quality Standards, including the following:

- **Timeliness:**

Data entry should be current within the scheduled number of days from intake, exit, service provision, or any other client interaction which necessitates any form of data entry. The timeliness schedule is determined by type of program and client contact.

To ensure data is accessible for agency, community level, and funder reporting as well as to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data. The schedule of timeliness standards will be available on the projects website.

- **Completeness:**

A current HUD standard of completeness rate, typically 95%, for all CT HMIS participating organizations and HUD funded homeless projects is established and expected.

To ensure that CT HMIS can accurately describe the clients and services provided to clients who are accessing services, a complete and accurate client record is critical for program level reporting, for the use of data in any community level reporting, as well as for HUD required processes such as NOFA and AHAR.

- **Accuracy/Consistency:**

HDCs are responsible for monitoring the data entry accuracy and consistency of CT HMIS approved data collection tools at their agency level. The CT HMIS Steering Committee and Continuum of Care entities are responsible for approving the data entry collection tools.

HDCs also monitor the use of the system by approved users, ensuring that users meet the requirements set by their agency, and are appropriately trained in the CT HMIS system and policies before starting access.

All CT HMIS users must attend training before they are allowed to enter any data into the CT HMIS system. Training includes methods to navigate the system and how to understand the intent of each question asked, to ensure that the data being collected is based on a clear understanding of the question and response options.

Each Participating Agency must adhere to their own internal policies for conducting logic checks to validate the accuracy of the data in its program-level system and regularly compare data elements to available paper records and updating/correcting missing or inaccurate data. Users must be authorized and trained in order to use the CT HMIS system.

- **Monitoring:**

The CT HMIS lead organization is responsible for the generation of a monthly statewide report that measures data quality for the previous month. This report focuses on the past month's total active clients, as well as the data quality for those clients. This statewide data quality report is posted on the project website (www.cthmis.com). Agency HDC's are expected to review and make corrections to the data as needed.

In addition to the data quality report, Continuum and Agency dashboards that highlight both data quality and data completeness are completed on a monthly basis. Data Elements that do not adhere to the CT HMIS Data Quality Standards are highlighted, and the agencies or continuums determine action plans to address concerns. The CoC's are expected to have a data evaluation plan in place.

- **Incentives/Enforcement:**

The Data Quality Management Committee is charged with the creation, implementation, and maintenance of a Data Quality Management Plan that will recognize and provide positive incentives to outstanding performers, as well as develop corrective action and remediation plans as needed.

RECOGNITION:

Participating Agencies that meet the data quality benchmarks will be periodically recognized by the CT HMIS Steering Committee, and their respective Continuum of Care. CT HMIS participating agencies that do not adhere to the minimum data entry standards set forth herein will be notified of their deficiencies and provided with specific information regarding the nature of the deficiencies and methods by which to correct them.

REMEDATION ENFORCEMENT:

CT HMIS Data Quality Management Plan will establish a schedule for working with Participating Agencies that are determined to need to correct identified data quality issues. In the corrective action time period, training will be offered to agencies as needed for them to remain compliant with the minimum data entry standards. When there is any progressive discipline for any CT HMIS participating organization, the programs HDC and Director, as well as the CoC leadership and the CT HMIS Steering Committee will all be alerted. CT HMIS participating agencies continuing to perform below the established Data Quality Standards may have their CT HMIS access restricted or suspended, as determined by the CT HMIS Steering Committee, until such time as agencies demonstrate that compliance with minimum data entry standards can be reached.

Continuous Improvement:

- Statewide HDC webinars are facilitated each month by the CT HMIS Statewide Administrator; this call focuses on changes to the system and common problems that are reported via the CT HMIS Help Desk and data quality reports.
- The Statewide Lead Agency reviews data on a quarterly basis and will report anomalies as they are discovered to the CT HMIS Steering Committee. The CT HMIS Steering Committee will review and may make the decision follow the recommendations of the Data Quality Management Committee regarding anomalies. The CT HMIS Data Quality Management Committee will conduct continuous quality improvement activities and periodic review of the plan and its implementation, with the oversight of the CT HMIS Steering Committee.

SECTION 4:
USER, LOCATION, PHYSICAL AND DATA ACCESS

SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS

Written: 10/2005

Revised: 07/2013

POLICY 401: ACCESS LEVELS FOR LICENSED END USERS

Approved:

Policy:

Licensed User Levels are designated by the CT HMIS System Administrator. Licensed User accounts will be created and deleted by the CT HMIS System Administrator with approval by the Participating Agency's Executive Director and/or designee.

Procedure:

CT HMIS Licensed End Users designation is based on the access level a user needs to perform their job responsibilities. The determination of an individual's access level should be need-based.

The Participating Agency will designate a representative to facilitate registering Licensed End Users with CT HMIS. This will either be the HMIS Data Coordinator (HDC) or Agency Security Coordinator.

A Participating Agency must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign a Licensed End User Agreement upon successful completion of CT HMIS training, and to comply with the Licensed End User Agreement requirements.

SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS

Written: 10/2005

Revised: 07/2013

POLICY 403: ACCESS TO CONSUMER PAPER RECORDS

Approved:

Policy:

Agencies shall follow their existing policies and procedures and applicable local, state and federal regulations for access to consumer records on paper.

Procedure:

Each agency must secure any paper or other hard copy containing Personal Protect Information (PPI) that is either generated by or for HMIS, including, but not limited to reports, data entry forms and signed consent forms.

All paper or other hard copy generated by or for HMIS that contains PPI must be directly supervised when the hard copy is in a public area. When agency staff are not present, the information must be secured in areas that are not publicly accessible. Written information specifically pertaining to user access (e.g., username and password) must not be stored or displayed in any publicly accessible location.

SECTION 4: USER, LOCATION, PHYSICAL and DATA ACCESS

Written: 08/2015

Revised:

POLICY 404: CASE NOTE DELETION IN CT HMIS

Approved: 11/2015

Policy:

To protect the integrity of the case notes recorded in the system Participating Agencies do not have the ability to delete case notes after they have been saved. The guidelines outlined in the procedure of this policy are to be adhered to when it is necessary for a case note to be deleted from the system.

Procedure:

Participating Agencies are required designate an HMIS Data Coordinator (HDC) who is trained on the software and will be the only designee at a Participating Agency who may request the deletion of a case note.

When a case note has been identified by a Participating Agency – the agency staff must work with the HDC to initiate the request for the deletion of the case note. The procedure for requesting a deletion would be handled by the HDC through the CT HMIS Help Desk. Information to be included in the deletion request is the HMIS ID of the client record the case note is associate with, the date the case note was created, and the reason for the deletion request.

ELM CITY Community HOUSING AUTHORITY 2017

ECC/HANH Homeless Preference

MTW Plan

Initiative 1.5 – HCV Preference and Set-Aside for Victims of Foreclosures

1. List approved, implemented, ongoing activities continued from the prior Plan year(s) that are actively utilizing flexibility from the MTW Agreement; specify the Plan Year in which the activity was first approved and implemented.
Foreclosure Set-Aside: Approved in FY2009 and implemented in FY2010.
2. Provide a description of the activity and an update on its status.
 - a) Description of Activity
New Haven, like many municipalities faced an increasing crisis related to mortgage foreclosures. As an effort to protect vulnerable residents, ECC/HANH established a preference for eligible HCV participants and applicants, up to 50 tenant-based and/or project based vouchers annually, to prevent homelessness among this population.

Initiative 1.7 – Tenant-Based Vouchers for Supportive Housing for the Homeless

1. List approved, implemented, ongoing activities continued from the prior Plan year(s) that are actively utilizing flexibility from the MTW Agreement; specify the Plan Year in which the activity was first approved and implemented.

Tenant-Based Vouchers for Supportive Housing for the Homeless: Approved in FY2010 and implemented in FY2011.

2. Provide a description of the activity and an update on its status.
 - a) Description of Activity
Under ECC/HANH's MTW Agreement with HUD, ECC/HANH is authorized to develop its own Leased Housing Program through exceptions to the standard HCV program, for the purposes of creating a successful program with stable landlords, high-quality properties, and mixed-income neighborhoods.

ECC/HANH has designated use of housing choice voucher resources for the purpose of ending homelessness. ECC/HANH works in conjunction with City and Regional entities, Continuum of Care, shelters, transitional and permanent housing providers to prioritize and identify chronically homeless, homeless families and other homeless populations. ECC/HANH entered in a Memoranda of Understanding with organizations that provide housing for homeless with supportive services. The designation of vouchers used to target various homeless populations is provided below.
Rationale: Expand housing and services to one of most fragile populations served by ECC/HANH.

Admin Plan and ACOP

- **Preference Qualifications**

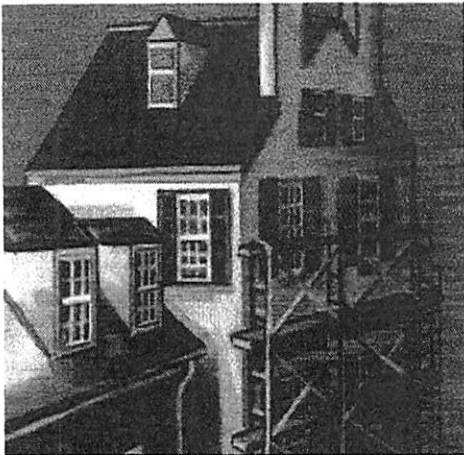
To qualify for the VAWA preference an incident of domestic violence must have taken place no more than 90 calendar days prior to date of ECC/HANH's receipt of the VAWA application, and the applicant must be currently homeless or at risk of being homeless as a result of domestic violence.

Admin Plan

- ECC/HANH's PBV program is committed to the following priorities:
 1. Supportive housing for families and persons with disabilities;
 2. Accessible housing for persons with mobility limitations;
 3. Affordable housing opportunities in mixed-income developments and in neighborhoods that underserve low-income families, including neighborhoods with low minority concentrations and low concentrations of poverty
 4. Neighborhood revitalization projects, including ECC/HANH's public housing community redevelopment projects
 5. Assisting families in imminent danger of homelessness due to foreclosures of their residences.
- ECC/HANH will use the following guidelines in evaluating proposed supportive service programs:
 - The supportive service program has a history and track record of effectively serving persons or families who, without supportive services, may have difficulty maintaining housing. This may be demonstrated by a successfully history of:
 - Providing services targeted to homeless persons or persons with behavioral health disabilities, or other disabilities that may be associated with creating barriers to the person's ability to maintain housing;

HOUSING AUTHORITY OF THE CITY OF DANBURY (CT)
MILL RIDGE ROAD
DANBURY, CT 06811

**ADMISSIONS AND CONTINUED
OCCUPANCY POLICY**



If the family fails to appear for their informal conference, the denial of admission will stand and the family will be so notified.

If the applicant family is more than 15 minutes late the Hearing Officer will declare that the applicant has waived their right to the informal conference. The HACD may make exceptions to the 15 minute rule for extenuating circumstances. Extenuating circumstances are reviewed on a case-by-case basis.

If the applicant is represented by an attorney, they shall provide notice to HACD at least three (3) business days prior to the informal conference. If an attorney comes to the Informal conference to represent the applicant without prior notice to HACD, then HACD shall be afforded the opportunity for a continuance so HACD may also obtain legal representation.

Informal Review Decision

HACD shall notify the applicant in writing of the final decision within fifteen (15) business days of the informal conference, including a brief statement of the reason(s) for the final decision.

All requests for a review, supporting documentation and a copy of the notice of review findings/final decision will be retained in the applicant's file.

Effects of Decision

In accordance with federal regulations, HACD will not be bound by an informal hearing decision in the following circumstances:

- a. Concerning a matter for which the HACD is not required to provide an opportunity for an informal review in accordance with applicable regulations.
- b. A decision in excess of the authority of the Hearing Officer, or
- c. A decision contrary to the Department of Housing and Urban Development, State of CT Department of Housing or CT Housing Finance Authority's regulations or requirements, or otherwise contrary to Federal, State or Local law.

If the HACD determines that it is not bound by an informal hearing decision, HACD will promptly notify the applicant of the determination and the reason(s) for the determination.

All decisions made by the Hearing Officer shall be final without further appeal.

III. APPLICATION FOR ADMISSION

A. Application Intake

HACD will accept pre-applications for the Housing Choice Voucher programs including Federal Housing Choice Voucher, Designated Housing Choice Voucher, Family Unification Program, Vouchers for Victims of Domestic Violence; Moderate Rehabilitation and Substantial Rehabilitation family programs; Eden Drive and Laurel Gardens federal family programs; State Moderate Rental Family; Federal Elderly, for which all new admissions shall be at least 62 years of age; Crosby Manor federal elderly program; Glen Apartments and Ives Manor Elderly, for which the head, spouse or co-head must be either 62 years of age or a person with a disability(ies) as defined in Appendix G; and Single Room Occupancy House programs at the office located at 2 Mill Ridge Road, via mail, and each site office when the waiting list(s) is open, and only during publicly announced time periods during which all interested persons may apply for admission. Accommodations will be made for interested, disabled applicants.

HACD maintains a community-wide waiting list for its Federal Housing Choice Voucher program, Designated Housing Voucher program, Family Unification Program, Vouchers for Victims of Domestic Violence, Moderate Rehabilitation and Substantial Rehabilitation family programs, State Moderate Rental Family, Federal Elderly, Ives Manor Elderly and Single Room Occupancy programs. HACD maintains site-based waiting lists for Laurel Gardens and Eden Drive federal family programs, Crosby Manor federal elderly program, and Glen Apartments state elderly program. Wait Lists for each program will be maintained by bedroom size with the exception of Housing Choice Voucher, Designated Voucher, Family Unification Program and Vouchers for Victims of Domestic Violence, which will be maintained by date and time of application.

Individuals with documented disabilities that may prevent them from completing a pre-application or formal application may contact HACD to make special arrangements for completing the housing application. HACD will make reasonable accommodation to ensure all applicants have the opportunity to complete the housing application.

B. Closing/Opening of Waiting List(s)

When the number of applicants who can be served within a reasonable period of time is reached, the waiting list(s) may be closed by unit size and/or housing type. Notice of opening and closing of the waiting list(s) shall be made in the Danbury News Times on two (2) consecutive Sundays and announced by other suitable means.

C. Criteria for Placement on Waiting List

Eligible applicants will be placed on the waiting list(s) based on information provided on the pre-application form and according to:

1. Unit size/type needed
2. Local preference declaration

3. Date and time of application

Federal regulations no longer give preference to elderly, disabled, or displaced families over other single persons in federal housing programs.

HACD shall utilize a preliminary application form (pre-application). The purpose of the pre-application is to permit HACD to assess a family's preliminary eligibility and placement on the waiting list(s). Factors considered include family's income within HUD established income limits, the family's eligibility for a waiting list that is currently open, and if the family has provided all required forms and documentation. Duplicate pre-applications, including applications from a segment of an applicant household, will not be accepted. Ineligible applicants or incomplete applications from applicants will not be placed on the waiting list.

Incomplete applications will be returned to the applicant with a list of missing and/or deficient items.

If an applicant is determined to be ineligible for placement on the waiting list based on the information provided in the pre-application, HACD will notify the applicant in writing, state the reasons, and inform the applicant of his/her right to an Informal Review.

D. Maintaining an Active Waiting List(s)

The pool of active applicants will be kept current by requiring each applicant to inform HACD at least once annually of continued interest. HACD will send a notice to the applicant, requiring the applicant to indicate continued interest and any updated information, such as change of address or household information within ten (10) business days. If the applicant fails to respond within that time frame, the applicant's name will be removed from the waiting list(s).

Applicants may request in writing information on the family's position on the waiting list(s). Telephone or in-person requests will not be honored.

E. Responsibility to Report Changes

Applicants on the waiting list(s) must also provide in writing to HACD any changes in income, family composition, address or any other information provided on the preliminary application within 10 business days of the change. Any such changes could affect the applicant's status or eligibility for housing. Any applicant knowingly providing false information or fraudulent statements affecting the applicant's status or eligibility for housing will be removed from the waiting list(s).

F. Removal from the Waiting List

An applicant may withdraw an application at any time. A withdrawn application cannot be reactivated and the applicant who has withdrawn an application shall be required to reapply when the waiting list is open. Any applicant removed from the waiting list by HACD will be notified in writing of the reason(s) for which the application is being removed. Such notification shall inform the applicant of his/her right to an Informal Review (see Appendix A) of the determination, the time frame for requesting the Informal Review, and will be made part of the

THE PLAN

for Administration of the U. S.
Department of Housing and
Urban Development (HUD)

SECTION 8 Housing Choice Voucher Program Effective JULY 2017



Office of Individual and Family Program

A tool for administering and managing the federal Section 8 voucher programs of the Connecticut Department of Housing. These programs include the Housing Choice Voucher, both tenant-based and project-based, Family Unification, Mainstream Housing Opportunities Program for Persons with Disabilities and the Veterans Affairs Supportive Housing Programs

STATE OF CONNECTICUT

Department of Housing

505 Hudson Street

Hartford, CT 06106-7107

4. To attain and maintain a high level of standards and professionalism in our day-to-day management of all program components.
5. To administer an efficient, high-performing agency through continuous improvement of the PHA's support systems and commitment to our employees and their development

C. PURPOSE OF THE PLAN [§ 24 CFR 982.54]

The purpose of the administrative plan is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local goals and objectives contained in the Agency Plan. The Housing Choice Voucher Program was implemented as of October 1, 1999. The PHA is responsible for complying with all changes in HUD regulations pertaining to these programs. If such changes conflict with this plan, HUD regulations will have precedence. The original plan and any changes must be approved by the Commissioner of DOH, with the pertinent sections included in the Agency Plan and a copy provided to HUD.

Applicable regulations include:

1. § 24 CFR Part 5, General Program Requirements
2. § 24 CFR Part 8, Nondiscrimination Based on Handicap in Federally Assisted Programs
3. § 24 CFR Part 982, Section 8 Tenant-Based Assistance

D. ADMINISTRATIVE FEE RESERVE [§ 24 CFR 982.54(d)(21)]

All expenditures from the administrative fee reserve will be approved by the Commissioner and made in accordance with the approved budget.

E. RULES AND REGULATIONS [§ 24 CFR 982.52]

This administrative plan is set forth to define the PHA's local policies for operation of the housing programs in the context of federal laws and regulations. All issues related to Section 8 not addressed in this document are governed by such federal regulations, HUD memos, notices and guidelines or other applicable law. The policies in this Administrative Plan have been designed to ensure compliance with the consolidated annual contributions contract (ACC) and all HUD-approved applications for program funding.

F. LOCAL PREFERENCE FOR ADMISSION

Homeless Preference for Admission

The PHA will give preference to applicant households meeting all of the following criteria:

1. Are referred to PHA by either a statewide homeless service provider with whom PHA has executed a Memorandum of Understanding (MOU) outlining the provider's

responsibilities with respect to the provision of supportive housing and supportive services for the referred household, or through a DOH-funded homeless service program;

2. Have received a written commitment from the homeless service provider for supportive services to help the household's transition from supportive to permanent housing; and
3. Have received a written commitment from the homeless service provider for supportive services to help the household comply with Housing Choice Voucher program rules.

Persons transitioning out of the Department of Housing and Urban Development Continuum of Care housing programs (formerly Shelter Plus Care/Supportive Housing Programs) and/or any state funded Permanent Supportive Housing programs into permanent housing will be included as a priority group as part of this preference.

This preference shall be limited to applicants who have been certified as meeting the criteria for this preference by the homeless service provider noted above.

This preference shall be limited to two vouchers in three issued by the PHA.

G. TERMINOLOGY

The State of Connecticut Department of Housing and its contract administrator are referred to as the "PHA" or "public housing agency" throughout this document.

1. "Family" is used interchangeably with the words "applicant" or "participant" and can refer to a single person family.
2. "Tenant" is used to refer to participants in terms of their relation to owners.
3. "Disability" is used where "handicap" was formerly used.
4. "Non-citizens rule" refers to the regulation effective June 19, 1995 restricting assistance to U. S. citizens and eligible immigrants.
5. The Section 8 program also is known as the Housing Choice Voucher (HCV) Program.
6. "HQS" means the housing quality standards required by regulations and enhanced by the PHA.
7. "Failure to provide" refers to all requirements in the first Family Obligation. See Chapter 15, "Denial or Termination of Assistance."
8. "Merger date" refers to October 1, 1999 that is the effective date of the merging of the Section 8 Certificate and Voucher program into the Housing Choice Voucher Program.

See Glossary for other terminology.

Chapter 4 MAINTAINING THE WAITING LIST [§ 24 CFR Part 5, Subpart D; 982.54(d)(1); 982.204, 982.205, 982.206, 983.203, 66FR 3609]

INTRODUCTION

It is the PHA's objective to ensure that families are placed on the waiting list in the proper order and are selected from the waiting list for admissions in accordance with the policies in this Administrative Plan.

By maintaining an accurate waiting list, the PHA will be able to perform the activities that will ensure that an adequate pool of qualified applicants will be available so that program funds are used in a timely manner.

A. WAITING LIST [§ 24 CFR 982.204]

The PHA uses three waiting lists for admission to its Section 8 tenant-based assistance program. Persons eligible for the Housing Choice Voucher Program or the Mainstream Housing Opportunities Program are maintained on one list. A second list is for families who have been referred to the Family Unification Program (FUP) by the State of Connecticut Department of Children and Families (DCF). The DCF referral form serves the same purpose in the FUP as the pre-application form serves in the other tenant-based programs. The third list is produced through the Coordinated Access Network ("CAN") for those vouchers specifically targeted at homeless persons and families.

The PHA maintains separate site-specific waiting lists for admission to its Section 8 project-based assistance program.

Except for special admissions, applicants will be selected from the appropriate PHA waiting list in accordance with policies defined in this Administrative Plan.

The PHA will maintain information that permits proper selection from the waiting list.

The waiting list contains the following information for each applicant listed:

1. Applicant name
2. Racial or ethnic designation of the head of household
3. Annual (*gross*) family income
4. Number of persons in family

The waiting list will be maintained in accordance with the following guidelines:

1. The application will be a permanent file.

2. All applicants must meet very low-income eligibility requirements as established by HUD. Any exceptions to these requirements, other than those outlined in chapter 2 of this Administrative Plan, "Eligibility for Admission," must have been approved previously by the HUD field office.

Special Admissions [§ 24 CFR 982.54(d)(e), 982.203]

Applicants, who are admitted under special admissions, rather than from the waiting list, are identified by codes in the automated system and are not maintained on separate lists.

B. WAITING LIST PREFERENCES [§ 24 CFR 982.207]

Tenant-based program preferences:

Pre-applications for admission to the tenant-based program will be selected in lottery-determined order, with the following exceptions:

Chronically homeless preference:

After placement on the tenant-based waiting list as noted above, applicants will be screened for eligibility as chronically homeless. A secondary waiting list will be generated based on this screening, and one of every three vouchers issued will be made available to a chronically homeless applicant.

When this secondary list has been exhausted, families who qualify as chronically homeless will be selected from the waiting list generated by the CAN based on their vulnerability index.

Homeless Young Family preference:

One of every three vouchers issued will be made available to homeless young families as defined in the Glossary.

The family unification preference:

Families who qualify for the family unification preference are families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child or children in out-of-home care or in the delay of discharge of a child or children to the family from out-of-home care, will have their referral/pre-application forms from the Department of Children and Families (DCF) to the PHA. The PHA will determine if the families are eligible for Section 8 rental assistance.

If a family for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child or children in out-of-home care or in the delay of discharge of a child or children to the family from out-of-home care is determined eligible by the PHA to receive a HCV, the family will be invited to participate in the program in accordance with HUD regulations and other requirements and with policies stated in the DOH administrative plan.

**CITY OF HARTFORD
DEPARTMENT OF DEVELOPMENT
SERVICES
HOUSING DIVISION**

**HOUSING CHOICE
VOUCHER PROGRAM
ADMINISTRATIVE PLAN**

2017

designates that in the professional opinion of the program staff the household will not be able to maintain permanent housing when they are terminated from the rapid re-housing program. Households recently enrolled in Rapid re-housing or households that are believed to “graduate” from rapid rehousing successfully able to afford their housing will not be eligible. Rapid Re-housing staff will be thoroughly trained to understand the preference requirements.

4.2 IDENTIFICATION OF PREFERENCES

The following categories represent preferences on the waiting list:

As with any waiting list and any published added preference, the HA will first review its existing waiting list for any eligible family that would meet the preference criteria in order to give that family, by order of their wait list position, the opportunity to see if they qualify for the specific preference and be able to be among the first served in accordance with HA admission policies, once they are determined to meet Section 8 criteria.

Chronically Homeless – an individual or family who has been homeless for 12 months continuously or who has had four occasions of homelessness in the past three years and has a disability as defined by HUD in 24 CFR Parts 91 and 578, December 4, 2015 where an individual or family is referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network, a consortium of over 20 different homeless service agencies.

Redevelopment Displacement - to address the displacement of families residing in Bowles Park and Westbrook Village where relocation is triggered by redevelopment through new construction.

Homeless Families with children and unaccompanied homeless youth - A family that has at least one adult and at least one child under the age of 18 that is experiencing homelessness, or an individual who is 18-24 years old, or an individual or family where the head of household is under the age of 18 and is legally emancipated that is experiencing homeless as defined by HUD in 24 CFR 578.3: Category 1 or Category 4 for a minimum of at least 30 days, or is unsuccessfully terminating out of a rapid rehousing program and where this individual or family is referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network.

Homeless household – An individual or family who lacks a fixed, regular, and adequate nighttime residence, as defined by HUD in 24 CFR 578.3: Category 1 or Category 4.

Elderly family - A family whose head or spouse (or sole member) is 62 years or older and a family that includes an elderly person(s).

Disabled family - A family whose member(s) include a person(s) who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)).

Handicapped family - A family whose member(s) include a person(s) having a physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live independently, and (c) is of such nature that such ability could be improved by more suitable housing.

4.3 RANKING OF THE PREFERENCES

Ranking preferences are identified below by the numeric value next to the preference category (example: a "1" in the space that represents the first priority, a "2" in the box representing the second priority, and so on.) If equal weight is given to one or more of these choices the same number will be next to both.

Preferences

- 1** Chronically homeless - An individual or family who has been homeless for 12 months continuously or who has had four occasions of homelessness in the past three years and has a disability and as defined by HUD in 24 CFR Parts 91 and 578. December 4, 2015. This preference will also include persons transitioning out of permanent supportive housing programs, who were previously homeless prior to entry into the permanent supportive housing program. All referrals will come from Journey Home on behalf of the Greater Hartford Coordinated Access Network and will be prioritized based on need according to length of time homeless and the VI SPDAT assessment.
- 2** Redevelopment Displacement – A family currently living in Bowles Park and Westbrook Village who is being displaced by redevelopment due to new construction.
- 3** Homeless Families with children and unaccompanied homeless youth - A family that has at least one adult and at least one child under the age of 18 that is experiencing homelessness, or an individual who is 18-24 years old, or an individual or family where the head of household is under the age of 18 and is legally emancipated that is experiencing homeless as defined by HUD in 24 CFR 578.3: Category 1 or Category 4 for a minimum of at least 30 days, or is unsuccessfully terminating out of a rapid rehousing program and where this individual or family is referred by Journey Home on behalf of the Greater Hartford Coordinated Access Network. Eligible families and individuals will be referred on a prioritized basis as determined by a point system; described below:

Housing Choice Voucher- Homeless Families and Youth Preference Point System:

Points	Criteria
(+1)	For each month of homelessness (in a transitional living program, sleeping outside or place not meant for human habitation, in a shelter, or in a hotel paid for by charity, or in an institution where they have resided for less than 90 days and were in one of the aforementioned locations immediately prior to entering the institution) that is verified by a third-party provider (shelter provider, doctor, police, etc.)
(+1)	If the household has any children under the age of 6
(+1)	If the household has a history of involvement with the CT Department of Children and Families
(+1)	If the household's current occasion of homelessness is due to them being kicked out of a parent or guardian's home.
(+1)	If the individual or family is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangers or life threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individuals' or families primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence, and has no other residence, and lacks the resources or support networks, e.g. family, friends and faith-based or other social networks, to obtain other permanent housing.

Within the "Homeless Families and Youth" preference category is a priority point system. One priority point will be awarded for each criteria with the exception of the first listed criteria. In the case of the first criteria one priority point will be awarded for each month of homelessness. The highest number of priority points that an applicant can qualify for with this preference category will determine the top ranked applicants. Ties will be broken by date of application.

Eligibility Screening and the Point System:

Families with children under 18, youth or young adults on the HA current waitlist wishing to be screened for the preference and households referred by the GH CAN will be asked to complete the **City of Hartford Homeless Youth and Family Waiting List Pre-Application Form**. This form and required documentation that must be submitted with the form will collect the information necessary to determine if the household is eligible for the preference as well as to determine the household's level or prioritization.

Households that may be eligible for the preference, but are ineligible for a Housing Choice Voucher because they do not meet the HA's admission standards as outlined in the Administrative Plan, will be denied for the preference.

- 4** Homeless Households – An individual or family who lacks a fixed, regular, and adequate nighttime residence, as defined by HUD in 24 CFR 578.3: Category 1 or Category 4.
- 5** Elderly family - A family whose head or spouse (or sole member) is 62 years or older.
- 6** Disabled family - A family whose member(s) include a person(s) who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or has a developmental; disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)).
- 7** Handicapped family - A family whose member(s) include a person(s) having a physical or mental impairment that (a) is expected to be of a long-continued and indefinite duration, (b) substantially impedes his or her ability to live.
- 8** No Preference - All other qualified applicants with no preference.

4.4 VERIFICATION REQUIREMENTS OF PREFERENCE CATEGORIES

In order to be eligible to apply and to qualify for the preference categories, sufficient documentation must be provided by the applicant prior to admission. Applicants may provide additional documentation while on the waiting list that may improve their ranking.

Chronically Homeless households - verification documentation will be obtained by the Greater Hartford Coordinated Access Network before referrals are made to the HA.

Redevelopment Displacement – documentation must be provided by the Hartford Housing Authority verifying that tenant household is a qualified family in good standing (current lease listing all existing household members) or a current dated written statement from the Hartford Housing Authority indicating that tenant household is in good standing and lists all household members.

Homeless families with children and unaccompanied homeless youth – documentation must be provided to verify that the individual or family qualifies for the preference. The HA may rely on the Greater Hartford Coordinated Access Network or partnering homeless service organizations to verify the individual or family qualifies for the preference before the individual or family is referred to the HA.

Verification Method (priority points)

WINDSOR LOCKS HOUSING AUTHORITY
120 SOUTHWEST AVENUE
WINDSOR LOCKS, CT 06096
860-627-1455 / 860-627-1456
860-292-5994 FAX WLHA@WLOCKS.COM

Windsor Locks Housing Authority

Admission and Continued Occupancy Policy (ACOP)



Effective Date: 2/1/2017

Board Resolution Number: 187

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA will not use the following local preference:

In order to bring higher income families into public housing, the PHA will establish a preference for “working” families, where the head, spouse, cohead, or sole member is employed at least 20 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during the PHA’s fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher [*Federal Register* notice 6/25/14]. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA’s HCV program during a PHA fiscal year that exceed the 75 percent minimum target requirement for the voucher program, shall be credited against the PHA’s basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA’s housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

PHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

Mixed Population Developments [24 CFR 960.407]

A mixed population development is a public housing development or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character) or the PHA at some point after its inception obtained HUD approval to give preference in tenant selection for all units in the development (or portion of a development) to elderly and disabled families [24 CFR 960.102]. Elderly family means a family whose head, spouse, cohead, or sole member is a person who is at least 62 years of age. Disabled family means a family whose head, spouse, cohead, or sole member is a person with disabilities [24 CFR 5.403]. The PHA must give elderly and disabled families equal preference in selecting these families for admission to mixed population developments. The PHA may not establish a limit on the number of elderly or disabled families that may occupy a mixed population development. In selecting elderly and disabled families to fill these units, the PHA must first offer the units that have accessibility features for families that include a person with a disability and require the accessibility features of such units. The PHA may not discriminate against elderly or disabled families that include children (Fair Housing Amendments Act of 1988).

Units Designated for Elderly or Disabled Families [24 CFR 945]

The PHA may designate projects or portions of a public housing project specifically for elderly or disabled families. The PHA must have a HUD-approved allocation plan before the designation may take place.

Among the designated developments, the PHA must also apply any preferences that it has established. If there are not enough elderly families to occupy the units in a designated elderly development, the PHA may allow near-elderly families to occupy the units [24 CFR 945.303(c)(1)]. Near-elderly family means a family whose head, spouse, or cohead is at least 50 years old, but is less than 62 [24 CFR 5.403].

If there are an insufficient number of elderly families and near-elderly families for the units in a development designated for elderly families, the PHA must make available to all other families any unit that is ready for re-rental and has been vacant for more than 60 consecutive days [24 CFR 945.303(c)(2)].

The decision of any disabled family or elderly family not to occupy or accept occupancy in designated housing shall not have an adverse affect on their admission or continued occupancy in public housing or their position on or placement on the waiting list. However, this protection does not apply to any family who refuses to occupy or accept occupancy in designated housing because of the race, color, religion, sex, disability, familial status, or national origin of the occupants of the designated housing or the surrounding area [24 CFR 945.303(d)(1) and (2)].

This protection does apply to an elderly family or disabled family that declines to accept occupancy, respectively, in a designated project for elderly families or for disabled families, and requests occupancy in a general occupancy project or in a mixed population project [24 CFR 945.303(d)(3)].

PHA Policy

The PHA has designated elderly (80%) and designated disabled (20%) housing.

Deconcentration of Poverty and Income-Mixing [24 CFR 903.1 and 903.2]

The PHA's admission policy must be designed to provide for deconcentration of poverty and income-mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects. A statement of the PHA's deconcentration policies must be included in its annual plan [24 CFR 903.7(b)].

The PHA's deconcentration policy must comply with its obligation to meet the income targeting requirement [24 CFR 903.2(c)(5)].

Developments subject to the deconcentration requirement are referred to as 'covered developments' and include general occupancy (family) public housing developments. The following developments are not subject to deconcentration and income mixing requirements: developments operated by a PHA with fewer than 100 public housing units; mixed population or developments designated specifically for elderly or disabled families; developments operated by a PHA with only one general occupancy development; developments approved for demolition or for conversion to tenant-based public housing; and developments approved for a mixed-finance plan using HOPE VI or public housing funds [24 CFR 903.2(b)].

Steps for Implementation [24 CFR 903.2(c)(1)]

To implement the statutory requirement to deconcentrate poverty and provide for income mixing in covered developments, the PHA must comply with the following steps:

Step 1. The PHA must determine the average income of all families residing in all the PHA's covered developments. The PHA may use the median income, instead of average income, provided that the PHA includes a written explanation in its annual plan justifying the use of median income.

PHA Policy

The PHA will determine the average income of all families in all covered developments on an annual basis.

Step 2. The PHA must determine the average income (or median income, if median income was used in Step 1) of all families residing in each covered development. In determining average income for each development, the PHA has the option of adjusting its income analysis for unit size in accordance with procedures prescribed by HUD.

PHA Policy

The PHA will determine the average income of all families residing in each covered development (not adjusting for unit size) on an annual basis.

Step 3. The PHA must then determine whether each of its covered developments falls above, within, or below the established income range (EIR), which is from 85% to 115% of the average family income determined in Step 1. However, the upper limit must never be less than the income at which a family would be defined as an extremely low-income family (federal poverty level or 30 percent of median income, whichever number is higher).

Step 4. The PHA with covered developments having average incomes outside the EIR must then determine whether or not these developments are consistent with its local goals and annual plan.

Step 5. Where the income profile for a covered development is not explained or justified in the annual plan submission, the PHA must include in its admission policy its specific policy to provide for deconcentration of poverty and income mixing.

Depending on local circumstances the PHA's deconcentration policy may include, but is not limited to the following:

- Providing incentives to encourage families to accept units in developments where their income level is needed, including rent incentives, affirmative marketing plans, or added amenities
- Targeting investment and capital improvements toward developments with an average income below the EIR to encourage families with incomes above the EIR to accept units in those developments
- Establishing a preference for admission of working families in developments below the EIR
- Skipping a family on the waiting list to reach another family in an effort to further the goals of deconcentration
- Providing other strategies permitted by statute and determined by the PHA in consultation with the residents and the community through the annual plan process to be responsive to local needs and PHA strategic objectives

A family has the sole discretion whether to accept an offer of a unit made under the PHA's deconcentration policy. The PHA must not take any adverse action toward any eligible family for choosing not to accept an offer of a unit under the PHA's deconcentration policy [24 CFR 903.2(c)(4)].

If, at annual review, the average incomes at all general occupancy developments are within the EIR, the PHA will be considered to be in compliance with the deconcentration requirement and no further action is required.

PHA Policy

For developments outside the EIR the PHA will take the following actions to provide for deconcentration of poverty and income mixing: N/A

Order of Selection [24 CFR 960.206(e)]

The PHA system of preferences may select families either according to the date and time of application or by preferences or a random selection process.

PHA Policy

Families will be selected from the waiting list based on preference, date and time of application received. Among applicants with the same preference, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA.

When selecting applicants from the waiting list, the PHA will match the characteristics of the available unit (unit size, accessibility features, unit type) to the applicants on the waiting lists. The PHA will offer the unit to the highest ranking applicant who qualifies for that unit size or type, or that requires the accessibility features.

By matching unit and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application or higher preference status.

Factors such as deconcentration or income mixing and income targeting will also be considered in accordance with HUD requirements and PHA policy.

Preference used by the PHA

- VAWA - Certification of Domestic Violence, Dating Violence or Stalking.
- In a Shelter, No Fixed, Regular or Adequate Nighttime Residence.
- Being Evicted, Losing Home Due to Foreclosure or Sale of Property where you are Required to Leave.
- Veteran
- Disabled Under Age 62 (NED)
- Elderly Age 62+
- Wheelchair, Hearing or Visually Impaired Unit

Connecticut Homeless Management Information System (CT HMIS) Lead Agency

MEMORANDUM OF UNDERSTANDING

between

The Connecticut Coalition to End Homelessness and

Balance of State Continuum of Care

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding (MoU) is to confirm agreements between each of Connecticut's Continuum of Care (CoC) as acknowledged by the U.S. Department of Housing and Urban Development and the Connecticut Coalition to End Homelessness (CCEH), related to management of the Connecticut Homeless Management Information System (CT HMIS). This MoU establishes CCEH as the CT HMIS Lead Agency for the each CoC and the state as a whole, defines general understandings, and defines the roles and specific responsibilities of each party relating to key aspects of the governance and operation of the HMIS Project.

HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care (CoC) and Emergency Solutions Grant program (ESG) funding. CT HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through CT HMIS, homeless individuals benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through CT HMIS is critical to the preparation of a periodic accounting of homelessness in individual CoCs and the state of Connecticut, including required HUD reporting. The parties to this MoU recognize that thorough and accurate capture and analysis of data about homeless services and individuals is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating CT HMIS.

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MoU shall be for one calendar year from January 15th, 2017. While it is anticipated that this MoU will be renewed annually for periods of one year thereafter, the parties will revise and affirmatively agree to the terms of this relationship annually. The process of this review is intended to ensure the continued relevance of the terms to the parties and to ensure continued consistency and compliance with HUD regulation.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance

The CoC is the lead planning group for HUD-funded efforts to end homelessness and for implementing and operating a homeless CoC system. As such and per HUD policy, the CoC is responsible for CT HMIS Project oversight and implementation, which encompasses planning, administration, software selection, and reviewing and approving of all policies, procedures, and data management plans governing Contributing CT HMIS Organizations (described below). The CoC's oversight and governance responsibilities are carried out by the statewide CT HMIS Steering Committee.

2. Contributing CT HMIS Organizations ("CHO") is a HUD term used in U.S. Department of Housing and Urban Development Homeless Management Information System (HMIS) Data and Technical Standards Final Notice

and in the CT HMIS Policies and Procedures manual, for an organization that operates a project that contributes data to an HMIS.

For purposes of this MOU and to provide consistency with the CT HMIS Agency MOU, a CHO is equivalent to a "Participating HMIS Agency" which is a legal entity responsible for one or more "Participating HMIS Programs" that is licensed to use the CT HMIS.

A CHO/Participating HMIS Agency is defined as an organization (inclusive of the CT HMIS Lead) that operates a provider program and a program-level, CT HMIS-compliant system (described below), whether or not it is a member of the CoC, and that contributes Protected Personal Information or other client-level data to the CT HMIS. Participating HMIS Agencies must enter into Participation Agreement MOUs in order to contribute such data to the CT HMIS. The authority to enter into Participation Agreement MOUs with Participating HMIS Agencies for the purposes of ensuring compliance with all applicable HUD and CoC HMIS Project requirements, including the operation of a program-level CT HMIS-compliant system, rests with the HMIS Lead Agency.

3. Program-level- HMIS-compliant System

A program-level HMIS-compliant system is defined as a client management information system operated by a provider program that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in Participating Agency HMIS Participation Agreement MOU.

This program-level HMIS compliant System is defined in the Participating Agency MOU as "...a computerized data collection application designed to capture information about homeless people and homeless programs over time. "CT HMIS" is the general name for one or more HUD-compliant software applications implemented and adopted in the state."

4. Participating HMIS Agency Administrator

A Participating Agency HMIS Administrator is defined as single point-of-contact established by each Participating Agency who is responsible for day-to-day operation of the CT HMIS, ensuring program-level data quality according to the terms of the Participation Agreement and associated data quality plan, and other policies and procedures.

In Connecticut these responsibilities are largely discharged by the CT HMIS Data Coordinator (HDC) defined in the Participating Agency MOU as "... an individual designated by each Participating HMIS Agency as responsible for ensuring that the Agency meets HMIS participation standards as outlined herein and in the CT HMIS Policies and Procedures."

5. Licensed End Users (End Users) are persons at the Participating Program and Participating HMIS Agency levels who require legitimate access to the software system and are granted such access after training and participating program authorization. Individuals with specific authorization and established roles within CT HMIS software can access the software application for the purpose of conducting data management tasks associated with their area of responsibility.

6. Software and Hosting

The CT HMIS Steering Committee has selected a single product - CaseWorthy - to serve as the sole CT HMIS Data system for all CoCs in Connecticut.

The authority to enter into contracts with CaseWorthy for the purposes of operating and overseeing CT HMIS is the responsibility of the CT HMIS Lead Agency, CCEH.

IV. GENERAL UNDERSTANDINGS

1. Funding

1a. HUD Grant(s)

HMIS Project activities are funded in part by HUD CoC grants. The CoC authorizes CCEH, as the HMIS Lead Agency, to apply for and administer these funds. The terms and uses of HUD funds are governed by the HUD CoC grant agreement and applicable rules.

1b. Cash Match

The HUD CoC grants require a cash match. As detailed below, CCEH is responsible for providing the commitment of the required local match for the HMIS grants.

2. Fees

CT HMIS activities are covered by federal, state and local funds. Expansion of CT HMIS is anticipated in the future. Funding options, including additional local contributions, will be explored by the CT HMIS Steering Committee to ensure ongoing operations and enhancement of CT HMIS.

3. Compliance with HMIS Standards

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS Project in compliance with HUD HMIS Technical Standards (2014), HUD HMIS Data Standards (2014), and other applicable laws. The parties agree to update this MoU (as provided in section VII, Amendment/Notices), other HMIS Project operational documents, and HMIS Project practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified timeframe for such changes.

4. Local Operational Policies and Agreements

All agencies within a CoC agree to operate within the most current release of CT HMIS Policies and Procedures, developed by the CT HMIS Steering Committee. These policies and procedures include but are not limited to an operating policies and procedures manual for use and management of data (including procedures for ensuring the security of data, disaster recovery, and data quality assurance), privacy policies and notices, data collection and technical standards, Participation Agreements, and End User Agreements. The parties agree to collaboratively develop and implement these agreements, policies and procedures for the three State Fiscal Year period of 7/1/13-6/30/16 and renewed from 7/1/16-6/30/19. Amendments and agreements may be authorized during this effective period.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

As needed, changes to the policies and procedures may be made from time to time at the request of CCEH or the CoC, through its Steering Committee, to comply with HUD HMIS standards or otherwise improve CT HMIS operations. During any such modification periods, all existing CT HMIS policies and procedures will remain in

effect until such time as the CT HMIS Steering Committee approves the changes.

1. CoC Responsibilities

The CoC serve as the lead HMIS Project governance body, providing oversight, project direction, policy setting, and guidance for the CT HMIS Project. The CoC exercises its responsibilities for CT HMIS governance through the CT BOS Steering Committee and the CT HMIS Steering Committee, effective as of the date of the authorization of this MoU. These responsibilities include:

- a) Ensuring and monitoring compliance with relevant HUD regulations and standards;
- b) Recording in official meeting minutes all approvals, resolutions, and other key decisions of the CoC that may be required by HUD rules related to the CT HMIS governing body;
- c) Designating the CT HMIS Lead Agency, *any vendor contracted for HMIS services*, and the software to be used for CT HMIS, and approving any changes to the CT HMIS Lead Agency, *any vendor contracted for HMIS services*, or software;
- d) Reviewing and approving all CT HMIS Project operational agreements, *subcontracts*, policies, and procedures;
- e) Reviewing data quality standards and plans, and establishing protocols for addressing CHOs' compliance with those standards;
- f) Promoting the effective use of CT HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;
- g) Using CT HMIS data to inform CoC program and system design, and measuring progress toward implementation of community Plans to End Homelessness and other CoC-established goals;
- h) Provide all local information as necessary for compilation of the annual Housing Inventory Count (HIC), the HMIS elements of the annual Point-in-Time (PIT) Count, Annual Homeless Assessment Report (AHAR), and Pulse Report; and
- i) Coordinating participation in the CT HMIS (and broader Continuum of Care) by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness.

2. CCEH Responsibilities

CCEH serves as the Lead Agency for the CT HMIS Project, managing and administering all CT HMIS operations and activities. CCEH exercises these responsibilities at the direction of the CT HMIS Steering Committee and its constituent CoC's. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, and are delineated in the following paragraphs. References below to the approval or adoption by the CoC is interpreted to include the approval or adoption of the several CoC's through the CT HMIS Steering Committee.

- a) Governance and Reporting
 - o Provide staffing for operation of the CT HMIS Project;
 - o Prepare the following data reports and analyses for review by the CoC and for submission to HUD:
 - At least annually, a point-in-time unduplicated count of clients served in the CT HMIS (for sheltered PIT Count, AHAR, and Pulse reports, or as required);
 - Annually, an unduplicated count of clients served in the CT HMIS over the course of one year (for AHAR);
 - At least annually, an accounting of lodging units in the HMIS (for HIC, AHAR, and Pulse reports, or as required); and
 - Quarterly, an unduplicated count of newly homeless clients (for Pulse reports);
 - o Prepare reports on the BOS CoC's progress on HEARTH performance measures as required by HUD regulations;

Ensure the consistent contribution of data that meets all HUD-established data standards to CT HMIS by, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;

- o Work with the CoC to facilitate participation by all homeless prevention and assistance programs and other mainstream programs serving homeless people to participate in CT HMIS;
- o Attend CT HMIS Steering Committee meetings;
- o Determine length of time that records must be maintained for inspection and monitoring purposes per HUD standards and ensure compliance with these standards;
- o Respond to CT HMIS Steering directives; and
- o Provide data needed to inform CoC's progress toward achieving goals laid out in its community Plan to End Homelessness (as applicable).

b) Planning and Policy Development

- o Manage and maintain mechanisms for soliciting, collecting and analyzing feedback from end users, homeless persons and Participating Agency personnel such as: CT HMIS administrators, program managers, and executive directors.
- o Identify general milestones for project management, including training and expanding system functionality;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement written policies and procedures for the operation of the CT HMIS Project, including requirements and standards, and provide for the regular update of these procedures as required by changes to policy;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a disaster recovery plan consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;
- o Develop and, upon adoption by the CT HMIS Steering Committee, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; and process and protections for victims of domestic violence included in CT HMIS;
- o Ensure privacy protection in project administration; and
- o Develop and, upon approval by the HMIS Steering Committee, execute CT HMIS Participation Agreements with each Participating HMIS Agency, including:
 - Obligations and authority of the CT HMIS Lead and the Agency;
 - Protocols for participation in CT HMIS;
 - Requirements of the policies and procedures by which the Agency must abide;
 - Sanctions for violating the CT HMIS Participation Agreement; and
 - Terms of sharing and processing Protected Identifying Information between the CT HMIS Lead and the Agency.

c) Grant Administration

- o Prepare and submit information relevant to HMIS for Project Application Renewals for HUD's NOFA responses for HUD grants in e-snaps;
- o Create annual budgets outlining the most efficient resource allocation to meet CT HMIS Project requirements;
- o Support CT HMIS by funding eligible CT HMIS activities with eligible matching sources to serve as the HUD-required match;
- o Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and to complete and submit APR for HMIS portion of HUD grants in e-snaps.

d) System Administration

- o Oversee the day-to-day administration of the CT HMIS system;
- o Manage contracts for CaseWorthy, which includes training for Participating Agencies and CCEH staff, and licensing of CT HMIS Server;
- o Ensure CT HMIS software meets the minimum data and technical functionality requirements established by HUD in rule or notice, including unduplication, data collection, maintenance of historical data, reporting (including HUD-required reports and data quality and audit reports), and any other requirements established by HUD;
- o Ensure CT HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality protections;
- o Develop standard reports and queries of CT HMIS data (e.g., data quality report, COC quarterly report, etc.);
- o Oversee and relate small- and large-scale changes to CT HMIS through coordination with CCEH, the CT HMIS Steering Committee and its Release Management Sub-Committee and CT HMIS administrators, as applicable;

e) End-User Administration

- o Provide or coordinate technical assistance and support;
- o Ensure documentation of technical issues experienced by providers;
- o Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:
 - Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security, data quality, CaseWorthy data entry;
 - Requires all relevant personnel to participate in trainings; it is the responsibility of the Local System Administration, often discharged through the HMIS Data Coordinator, to ensure end users at the Participating Agency receive training information. Participating Agency requirements are enumerated in the Participating Agency MOU and the CT HMIS Policies and Procedures.

f) Data Quality and Compliance Monitoring

- o Establish data quality benchmarks, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;
- o Consistent with the data quality plan, run and disseminate data quality reports on a quarterly basis to HMIS Participating Programs indicating levels of data entry completion, consistency with program model, and timeliness;
- o Consistent with the data quality plan, provide quarterly reports on CT HMIS participation rates, data quality and other analyses to the CT HMIS Steering Committee; and
- o Monitor compliance by all Participating Agencies with CT HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Participation Agreement and approved by the CT HMIS Steering Committee.

3. CT HMIS Steering Committee

As the HMIS in Connecticut is a statewide implementation, the CT HMIS Steering Committee has been established to ensure consistency and coordination across all CoC's and to manage many of the governance responsibilities for the CoC's in the state. The roles, responsibilities and composition of the CT HMIS Steering Committee are outlined in Policy 102 of the CT HMIS Policies and Procedures manual.

The CT HMIS Steering Committee is comprised of representatives from all of the CoC's in the state as well as the Sub-Regions of the CT Balance of State CoC. The CT BOS CoC representatives on this committee are the Steering Committee Co-Chairs who are authorized to participate and vote by the CT BOS Steering Committee. The other CoCs and the Sub-Regions of the BOS CoC designate their representatives to this committee.

VI. DATA ACCESS AND MANAGEMENT

CCEH will ensure that data that is maintained in the CaseWorthy software and will have access to all data entered. Data access and usage is governed by CT HMIS Policies and Procedures including Policy 113 "Release Management & Data Use Plan" calling for the creation of a data usage policy that is consistent with statewide data sharing (Policy 205) and with client confidentiality policies (Policy 207).

VII. AMENDMENT/NOTICES

This MoU may be amended in writing by either party. Notices shall be mailed or delivered to:

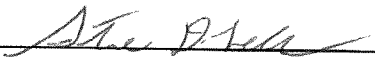
Connecticut Coalition to End Homelessness
Care of Brian Roccapriore, Director of HMIS and Strategic Analysis
257 Lawrence St.
Hartford, CT 06105

VIII. TERMINATION

Either party may terminate this MoU at a date prior to the renewal date specified in this MoU by giving 60 days written notice to the other parties. If the funds relied upon to undertake activities described in this MoU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MoU within 30 days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

IX. SIGNATURES

CoC Name Balance of State

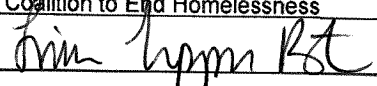
CoC Co-Chair 1 Signature 

Date of Co-Chair 1 Signature 1/20/2017

CoC Co-Chair 2 Signature 

Date of Co-Chair 2 Signature 1/20/2017

CT HMIS Lead Agency CT Coalition to End Homelessness

CCEH Executive Director Signature 

CCEH ED Signature Date 1/20/2017

CT Balance of State (CT BOS) Continuum of Care Policies
Revised 6/16/17
By CT BOS CoC Steering Committee

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I. CoC Overview

In accordance with HUD regulations (24 CFR Part 578), representatives from relevant organizations that serve homeless and formerly homeless individuals and other interested, relevant organizations within the following geographic areas, New Haven and its suburbs, Hartford suburbs, the Valley, Windham/Tolland Counties, Litchfield County, Manchester, New London/Norwich, Middletown/Middlesex, Bristol, Danbury, and New Britain have established a Continuum of Care to carry out the duties assigned in the aforementioned regulations. That Continuum of Care is named the Connecticut Balance of State Continuum of Care (CT BOS) and has established a Board, which is named the BOS Steering Committee in accordance with the process described in the by-laws included herein.

CT BOS is a united coalition of community and state systems that assist homeless and near homeless residents in the BOS region to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. CT BOS addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies and sub-CoCs that help comprise the CT BOS CoC.

The BOS Steering Committee has adopted the policies contained herein to ensure compliance with HUD regulations and to support efforts to assist homeless and near homeless residents in the BOS region to obtain housing, economic stability and enhanced quality of life. These policies were developed over time by the BOS Steering Committee. The policies were adopted in full by the Steering Committee on September 11, 2014 and may be amended by a majority vote at any meeting of the Steering Committee, with a quorum present. Amendments made by the Steering Committee subsequent to 9/11/14 have been incorporated accordingly.

II. CoC By-Laws

BYLAWS

Connecticut Balance of State Continuum of Care

Article I – Name

Section 1: The name of this association shall be the Connecticut Balance of State Continuum of Care.

Article II – Mission and Vision

Section 1: The mission of the Connecticut Balance of State (CT BOS) Continuum of Care (CoC), a united coalition of community and state systems, is to assist homeless and near homeless residents to obtain housing, economic stability, and an enhanced quality of life through comprehensive services.

Section 2: The vision of the CT BOS CoC is that within the next ten years, all persons and families experiencing the possibility of homelessness in Connecticut will have a permanent, safe, decent and affordable place to call home.

Article III – Purpose

Section 1: To receive funding through the U.S. Department of Housing and Urban Development (HUD), under HEARTH (formerly, the McKinney Vento Homeless Assistance Act), geographic regions are required to establish and maintain a Continuum of Care.

- A. The CT BOS CoC covers: all the cities and towns in the counties of Hartford, Litchfield, New Haven, New London, Windham, Tolland, Middlesex and the City of Danbury.
- B. The CT BOS CoC is designed to address critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies, Sub-CoCs and CANs that help comprise the CT BOS CoC. Avoiding duplication of efforts, leveraging resources, and coordinated planning are other purposes of the CoC.

Section 2: The CT BOS CoC assists in the coordination and development of services and housing for homeless and low-income persons with housing needs through planning, education and advocacy.

To achieve this purpose the CT BOS CoC will seek to:

- A. Enhance the knowledge of the service and housing providers to address the housing and service needs of homeless and formerly homeless persons in CT.
- B. Identify housing needs of homeless and low-income persons in Connecticut on an ongoing basis.
- C. Identify the gaps and needs of homeless households in Connecticut and participate in the process of prioritizing local, state and federal funding to meet these needs
- D. Support planning and development of housing and services to meet prioritized needs within Connecticut.
- E. Participate in the operation of and ongoing planning for a coordinated access system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services and helps direct those persons to the appropriate providers.
- F. Evaluate outcomes of projects funded under Emergency Solutions Grant and CoC programs and report to HUD.
- G. Ensure that there is a single Homeless Management Information System (HMIS) for the CT BOS CoC area.
- H. Ensure that there is a regular point-in-time count of homeless persons in the CT BOS CoC region at intervals that are at least as frequent as required by HUD.

Section 3: Lead Agency

- A. The lead agency for the CT BOS CoC is the CT Department of Mental Health and Addiction Services (DMHAS).

Section 4: Role of Regional Planning Bodies

- A. CT BOS is comprised of the following regions: Bristol, Danbury, Greater Hartford, Greater New Haven, Litchfield County, Manchester, New Britain, New London/Norwich, Middletown/Middlesex, Waterbury, and Windham/Tolland. Many of these regions have their own planning groups, known as Coordinated Access Networks (CANs) and/or Sub-CoCs, which guide the community's work around homeless housing and services. Each region is eligible to have one representative on the BOS Steering Committee. The Sub-CoCs and CANs are the core organizing and implementation entities for local implementation of housing and service initiatives intended to help to end homelessness. The Sub-CoCs and CANs bring local providers and stakeholders together to collaboratively address homelessness and plan for housing and services in their region.
- B. The Sub-CoCs and CANs work with the Coalition to End Homelessness to complete the Point-in-Time count (PIT) and the Housing Inventory Chart (HIC).
- C. CT BOS Steering Committee Representative from each region shares the planning and work being conducted in their communities as well as raise local issues of importance and concern for CT BOS CoC to address.

Section 5: Specific Tasks of the Continuum

- A. The CT BOS CoC evaluates renewal projects each year based on an agreed upon set of criteria/performance targets which includes but is not limited to: performance on HUD Annual Performance Report (APR), accuracy of budgets, HMIS data quality and consumer survey results.
- B. Each year the Continuum assesses the gaps and needs in the state and creates priorities for new project proposals based on the assessment.
- C. The CT BOS provides guidance and support to the localities that make up the CT BOS CoC.
- D. The CT BOS CoC seeks an equitable distribution of resources among the localities that make up the Continuum.
- E. The CT BOS CoC provides information needed for the Housing and Urban Development (HUD) annual application for CoC Program funding known as the Consolidated CoC application. The CT BOS CoC ensures that the application is reviewed and completed each year.
- F. The CT BOS CoC establishes performance targets, evaluation criteria and process for renewal projects.
 - i. Providers are asked to submit data such as consumer surveys and APRs before the CoC Program NOFA is released.
 - ii. Once the CoC Program NOFA is released, providers will submit project applications to CT BOS and HUD for review and evaluation.
- G. For projects that do not meet threshold requirements, the CT BOS CoC establishes corrective action plan criteria.
 - i. An agency in corrective action is unable to submit a new project application.

- ii. An agency in corrective action for two years jeopardizes ongoing receipt of HUD funding through a non-renewal vote by the CT BOS Steering Committee.
- H. An independent Scoring Committee (see Article V) evaluates and scores proposals submitted for new HUD funding according to funding priorities and other criteria as determined by the Steering Committee.
- I. Projects are ranked based on renewal criteria as adopted by the Steering Committee and new project scores as assigned by the independent Scoring Committee. Final project ranking is adopted by the Steering Committee, based on CoC priorities prior to submission with the annual CoC Consolidated application to HUD.

Article IV – Membership

Section I: Composition of CT BOS CoC

- A. Membership may be comprised of all individuals and agencies concerned with the development and coordination of homeless assistance programs.
Membership shall include but not be limited to:
 - Homeless or formerly homeless individuals and families
 - Non-profit organizations representing veterans and individuals with disabilities
 - Victim service providers
 - Faith-based organizations
 - Public housing agencies
 - Advocates
 - Mental Health agencies
 - School districts
 - Hospitals
 - Universities
 - Affordable housing developers
 - Law enforcement
 - Representatives of business and financial institutions
 - Representatives of private foundations and funding organizations
 - Social service providers
 - State and local government agencies
- B. There will be a full membership meeting, with published agendas at least semi-annually with an invitation for new members to join publicly available at least annually

Article V – Committees

CT BOS CoC shall have the following committees:

Section 1: Steering Committee (see description below in Article VI)

Section 2: An **Executive Committee** comprised of the co-chairs of the Steering Committee, and consultant shall be established to serve as the administrative arm of the CT BOS CoC. The Executive Committee provides planning for the CoC, ensures the

cooperation of members, preparation of reports, evaluation of systems and the development of necessary procedures to implement policies ratified by the CoC. The Executive Committee will review the annual CoC Consolidated Application to HUD and will research additional funding sources for the CoC agencies programs. The Executive Committee will provide an opportunity for committee reports.

Section 3: The HMIS Steering Committee guides the planning and implementation of the HMIS. The HMIS/PIT Committee provides oversight of the Point-In-Time Count and HMIS data quality and compliance. The committee coordinates AHAR participation and expansion of HMIS and coordinates efforts to ensure accurate, timely & useful data reports. The group coordinates training and support around HMIS for providers.

Section 4: The Evaluation (Scoring) Committee will evaluate and score proposals submitted for new HUD CoC Program funding according to funding priorities and other guidelines and/or plans of the CoC. The Evaluation (Scoring) Committee will be comprised of individuals who do not have a conflict of interest due to funding or requests for funding. Appeals of any Evaluation (Scoring) Committee decisions shall be referred to the Grievance Committee (See Section 8 below).

Section 5: The Opening Doors CT Retooling the Crisis Response and CAN Leadership Committees oversee the implementation of coordinated entry systems (CES) for the State of CT. These committees coordinate efforts with the CT BOS CoC Steering Committee around policy and procedure development for CES in CT.

Section 6: Youth Advisory Board (YAB)—The Institute for Community Research (ICR) Youth Action Hub serves as the Youth Advisory Board for the CT Balance of State CoC. CT BOS CoC consults with the YAB on relevant policy decisions.

Section 7: Grievance Committee - The purpose of the CT BOS Grievance Policy is to ensure that there is a fair and accessible process for providers and Steering Committee members to file a grievance with the CoC. The Grievance Committee shall be made up of a minimum of three members of the CT BOS CoC Steering Committee. Members shall be appointed by the CT BOS CoC Steering Committee Co-Chairs. In all instances when a conflict of interest is present, parties shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee.

Article VI: The Steering Committee

Section 1: Composition of Steering Committee

Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs, through a nominating process initiated by the Co-Chairs at least annually.

Membership shall include but not be limited to:

- Homeless or formerly homeless individuals and families
- Non-profit organizations representing veterans and individuals with disabilities
- Victim service providers
- Faith-based organizations
- Public housing agencies
- Advocates
- Mental Health agencies
- School districts
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Representatives of business and financial institutions
- Representatives of private foundations and funding organizations
- Social service providers
- State and local government agencies

Section 2: Membership from BOS Regions on the Steering Committee

Each region is eligible to have one representative on the CT BOS Steering Committee and may request such, provided that:

- A. The locality must have a functioning and active local homeless planning process (i.e. Sub-CoC and/or CAN) holding at least 4 meetings per year.
- B. A standard application with documentation must be submitted to the Steering Committee annually.

Section 3: Rights of Steering Committee Members

Members are entitled to:

- A. Have voting rights (One vote per agency unless individual member)
- B. Receive letters of support for grants indicating length of membership and level of participation
- C. Receive information and updates via e-mail

Section 4: Expectation of Steering Committee Members

- A. Members are expected to be present and active participants in CoC Committee meetings.
- B. Members are expected to actively participate in CT BOS CoC Committee activities, correspondence, sub-committees, and/or ad-hoc committees.
- C. Members are expected to following the By-Laws and CT BOS CoC Code of Conduct.

Section 5: Steering Committee Voting

- A. The CT BOS CoC Steering Committee operates by consensus whenever possible. When a vote is necessary, each member shall have one vote upon any motion.
- B. No member shall vote on any issue where there could be a conflict of interest. (Refer to Conflict of Interest)

- C. As needed, Roberts Rules of Order will govern procedural questions during CoC Steering Committee Meetings.
- D. A simple majority vote of members present will be used to settle issues that reach an impasse.

Section 6: Steering Committee Meetings/Attendance

- A. The Steering Committee shall meet at a minimum 6 times per year.
- B. Upon a request, in writing, by at least five members of the Steering Committee, a special meeting can be called by the Co-Chairs at any time.
- C. Attendance will be recorded at all Steering and committee meetings. Members are expected to have at least an 80% attendance rate at all Steering Committee meetings.
- D. A member can be removed by a majority vote of the Steering Committee.

Section 7: Quorum at Steering Committee Meetings

- A. A simple majority (50% + 1) of Members, at a Steering Committee meeting, constitutes a quorum.
- B. A quorum is needed to (a) change CT BOS CoC bylaws and Governance Charter (b) approve Steering Committee members and (c) elect co-chairs.

Section 8: Steering Committee Co-Chairs

- A. The officers of the Ct BOS CoC Continuum shall be two co-chairs, one representing state government and one representing the non-profit provider community.
- B. Selection of one Co-Chair will take place annually.
- C. The Co-Chairs will serve two-year staggered terms and can serve unlimited consecutive terms.
- D. Election of the Co-Chairs will be by simple majority vote of Members present (Quorum required) annually .
- E. The Co-Chairs are authorized to represent the CT BOS CoC in all matters not requiring a quorum.
- F. The Co-Chairs shall call, preside over all meetings, and set agendas for all CoC meetings. The co-chairs can call special meetings of the Continuum.
- G. Immediate Past Co-Chairs may assist and advise the Co-Chairs, upon their request, in the performance of their duties.
- H. Any vacancies occurring during the year shall be filled upon the recommendation of the Executive Committee and shall be ratified by the Steering Committee.

Article VII – Consultant Functions

- A. A Consultant manages the day-to-day operations of the CT BOS Continuum of Care and writes the annual HUD Continuum of Care Application.
- B. A Consultant is selected by and reports to the Lead Agency.

Article VIII – Conflict of Interest & Code of Conduct

Section 1: CT BOS CoC members must conduct themselves at all times with the highest ethical standards. Members are required to follow the CT BOS CoC Code of Conduct. (See Appendix 1.) Conflicts of interest, and even the appearance of a conflict of interest, must be avoided.

Section 2: All individuals and representatives of organizations who have, are seeking, or considering seeking funds under the endorsement of the CoC must adhere to the following:

- A. He or she shall disclose to the CoC any conflict or appearance of conflict which may or could be reasonably known to exist.
- B. He or she shall not vote on any item that would create a conflict or appearance of conflict.
- C. He or she shall not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- D. He or she shall not lobby or seek information from any other member of the Continuum if such action would create a conflict or the appearance of a conflict.

Article IX– Nondiscrimination

Section 1: The members, officers, and persons served by the Continuum shall not discriminate against any CoC member because of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, gender identity or gender expression, intellectual disability, or physical disability and will follow all state and federal regulations regarding nondiscrimination.

Article X- Amendments

Section 1: These Bylaws may be amended by a majority vote at a meeting of the Steering Committee, with a present, provided that the proposed amendment(s) shall have been submitted in writing to each member at 10 business days before action is taken by the Steering Committee.

Appendix I: CT BOS CoC Code of Conduct

This CT BOS CoC Code of Conduct represents the CoC's commitment to high standards. The following standards should be regarded as minimum expectations for conduct. Members will act in accordance with and maintain the highest standards of professional integrity, impartiality, diligence, creativity and productivity. CoC business will be conducted in a manner that reflects the highest standards and in accordance with federal, state, and local laws and regulations.

1. Compliance with Policies

- A. Members will conduct the CT BOS CoC business in accordance with the by-laws of CT BOS CoC including conflict of interest and information management policies.

2. Conflict of Interest

- A. Members must act in the best interests of the organization and avoid situations where their personal interests or relationships interfere with acting in good faith on behalf of the CT BOS CoC.
- B. Members may not engage in activities that are in conflict with the interests of the CT BOS CoC or that may negatively impact the reputation of the CoC.
- C. Members are required to follow Article VIII of the CT BOS CoC Bylaws regarding conflict of interest and code of conduct.

3. Confidentiality

- A. Members must maintain the highest standards of confidentiality regarding information obtained directly or indirectly through their involvement with the CT BOS CoC. This includes but is not limited to information about members and their organizations and funded agencies. Members must also avoid inadvertent disclosure of confidential information through casual or public discussion, which may be overheard or misinterpreted.

4. Impartiality

- A. Member agencies shall act impartially and with integrity.
Members will:
 - Not knowingly being a party to or condoning any illegal or improper activity.
 - Not directly, or indirectly, seek personal gain which would influence, or appear to influence, the conduct of their duties.
 - Not exploit CoC professional relationships for personal or professional gain
 - Be alert to the influences and pressures that interfere with the professional discretion and impartial judgment required for the performance of members.

5. Fraud

- A. The term fraud refers to, but is not limited to: intentionally entering false or erroneous information into electronic software systems; any dishonest or fraudulent act; forgery or alteration of any official document; misappropriation of funds, supplies, or Continuum of Care materials; improper handling or reporting of money or financial transactions; profiting by self or others as a result of inside knowledge; destruction or intentional disappearance of records, furniture, fixtures, or equipment; accepting or seeking anything of material value from vendors or persons providing services or materials to the Continuum of Care for personal benefit; or any similar or related irregularities.
- B. Fraudulent acts will not be tolerated and may result in termination from CoC committees.

6. Gifts or honoraria

- A. It is not permissible to offer or accept gifts, gratuities, excessive favors or personal rewards intended to influence the CT BOS CoC's decisions or activities.

7. Harassment

- A. Harassment, interpreted as unwelcome conduct, comment, gesture, contact, or intimidating and offensive behavior likely to cause offence or humiliation, will not be tolerated and may result in disciplinary measures up to and including removal from CoC committee/s

8. Laws and Regulations

- A. CoC business will be conducted in manner that reflects the highest standards and in accordance with all federal, state, and local laws and regulations.

III. Governance Charter

CT Balance of State CoC Governance Charter

For additional information on Membership, Leadership, Selection of Steering Committee, Conflict of Interest for Steering Committee members; Proceedings, Committees and Work groups and Full Membership, see By-Laws

CT Balance of State CoC Governance Charter

The CT BOS By-Laws are attached as an Appendix to this document and include additional sections on Membership, Leadership, Selection of Steering Committee, Conflict of Interest for Steering Committee members; Proceedings, Committees and Work groups and Full Membership. The by-laws and this charter provide the core governance and operating policies for the CT BOS CoC.

The charter was adopted in full by the Steering Committee on September 11, 2014 and may be amended by a majority vote at any meeting of the Steering Committee, with a quorum present.

CT BOS CoC and CT BOS CoC Steering Committee

The name of this CoC shall be Connecticut Balance of State Continuum of Care and the name of this Continuum of Care board shall be Connecticut Balance of State Steering Committee, herein referred to, respectively, as the “CT BOS CoC” and “CT BOS CoC Steering Committee.”

Purpose of the CT BOS CoC and CT BOS CoC Steering Committee

The CT BOS CoC is a united coalition of community and state systems that assist homeless and near homeless residents in the BOS region to obtain housing, economic stability, and an enhanced quality of life through comprehensive services. The CT BOS CoC addresses critical issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing not only HUD dollars, but also mainstream resources and other sources of funding. This is often achieved through the work of the local planning bodies and Sub-CoCs that help comprise the CT BOS CoC. Avoiding duplication of efforts, leveraging resources, and coordinated planning are other purposes of the CT BOS CoC.

CT BOS CoC Steering Committee is the planning body that coordinates policies, strategies and activities toward ending homelessness in the CT BOS region. The Steering Committee gathers and analyzes information in order to determine the local needs of people experiencing homelessness, implements strategic responses, educates the community on homeless issues, provides advice and input on the operations of homeless services, and measures CoC performance.

For additional information see CT BOS CoC By-Laws Article III, Section 1

Responsibilities

The responsibilities for operating the CT BOS CoC are divided among the CT BOS CoC Steering Committee, CT BOS CoC Collaborative Applicant, and CT BOS CoC HMIS lead, as described below:

CoC Operations

CT BOS CoC Steering Committee is responsible for the following activities:

- Develops and updates annually this governance charter and CT BOS CoC By-Laws, which together include all procedures and policies needed to comply with HUD requirements and with HMIS requirements, including a code of conduct and recusal process for the CT BOS CoC Steering Committee, its chairs, and any person acting on behalf of the CT BOS CoC Steering Committee.
- In consultation with recipients of ESG funds within the CoC's geographic area, works with the CT Department of Housing, CT Department of Social Services, Connecticut Coalition to End Homelessness (CCEH), CT Department of Mental Health and Addiction Services, and CoC members to develop and operate a coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- In consultation with recipients of ESG funds within the CoC, establishes and consistently follows written standards for providing CoC assistance.
- Consults with recipients and subrecipients to establish performance targets appropriate for population and program type.
- Monitors performance of CoC and ESG recipients and subrecipients.
- Evaluates the outcomes of projects funded under ESG and CoC programs.
- Takes action against ESG and CoC projects that perform poorly.
- Reports the outcomes of ESG and CoC projects to HUD annually.

For additional information, see CT BOS CoC By-Laws Article II, Sections 2 and 5

CoC Planning

The CT BOS Steering Committee is responsible for the following activities:

- Conducts an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CoC geographic area
- Works closely with government agencies, funders, advocates, providers and consumers to coordinate the implementation of a housing and service system within the CoC's geographic area that meets the needs of homeless individuals and families. The system encompasses:
 - Outreach, engagement, and assessment

- Shelter, housing, and supportive services
- Prevention strategies
- Provides information required to complete the Consolidated Plan(s) within the CoC geographic area
- Consults with State and local government ESG recipients within the CoC geographic area on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients

For additional information, see CT BOS CoC By-Laws, Article III, Section 2

Designating and Operating an HMIS

The CT BOS Steering Committee is responsible for the following activities:

- Designates a single HMIS for the CoC's geography. CCEH, an eligible applicant, serves as the CoC's HMIS lead agency.

The CT BOS CoC HMIS Lead is responsible for the following activities:

- Works with the CT HMIS Steering Committee to review, revise and approve a CoC HMIS data privacy plan, data security plan, and data quality plan.
- Ensures that the HMIS is administered in compliance with HUD requirements.

The CT BOS CoC HMIS Lead and CT BOS Steering Committee are responsible for the following activities:

- Ensure consistent participation by CoC, ESG, and PATH recipients and subrecipients in the HMIS

Preparing an application for CoC funds

The CT BOS Steering Committee:

- Establishes priorities that align with local and federal policies for recommending projects for HUD Homeless Assistance CoC Grant funding.
- Designates an eligible collaborative applicant (i.e., Connecticut Department of Mental Health and Addiction Services – DMHAS) to collect and combine the required application information from all applicants.
- Determines whether to select the collaborative applicant to apply for Unified Funding Agency designation from HUD.
- Approves the final submission of applications in response to the CoC Notice of Funding Availability.

- Designs, operates, and follows a collaborative process for the development of a CoC application to HUD.
- Determines if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted; retains its responsibilities, even if designating one or more eligible applicant other than itself to apply for funds on behalf of the Continuum.

Membership and Leadership of the CoC Steering Committee

The CT BOS CoC Steering Committee shall adhere to the membership and leadership standards outlined in Article IV and Article VI of the CT BOS CoC By-Laws.

CoC Steering Committee Member Qualifications

All members of the CT BOS CoC Steering Committee shall demonstrate a professional interest in, or personal commitment to, addressing and alleviating the impacts of homelessness on the people of the community.

CoC Steering Committee Member Responsibilities

CT BOS CoC Steering members are expected to:

- Attend meetings and contribute to informed dialogue on actions the group undertakes
- Serve on a committee of the CT BOS CoC – do we still want this? Most do not
- Participate in the activities of the CT BOS CoC Steering Committee, including the Point-in-Time count, HMIS oversight, strategic planning, advocacy and public education efforts, project and system performance reviews, and the application processes for CoC Homeless Assistance Grants and other funding proposals
- Seek input from and report back to the constituency they represent on key issues and strategies and otherwise keep abreast of needs and gaps in the CoC

For additional information, see CT BOS CoC By-Laws, Article VI

CoC Steering Committee Member Selection

The CoC Steering Committee is comprised of representatives of state government agencies (including ESG recipients), nonprofit intermediaries, up to two consumers (homeless/formerly homeless persons), and homeless provider organizations representing sub-regions (or Sub-CoC's) of the BOS. New members may be added by a majority vote of the existing Steering Committee.

Government representatives are appointed by their respective commissioners and include the CT Department of Mental Health and Addiction Services, Department of Housing (ESG Recipient), CT Housing Finance Agency, CT Department of Education, CT Department of Social Services, CT Department of Children and Family Services, CT

Department of Corrections, CT Department of Veteran Affairs, and U.S. Department of Veterans Affairs.

Sub-CoCs of the Balance of State select their representatives to the Steering Committee. Sub-CoCs must meet requirements to have a representative on the BOS SC (see requirements section below.) The CT BOS Sub-CoCs include: the Cities of: Bristol, New Britain, Danbury, Greater Hartford, New Haven, and Litchfield/Torrington, Manchester, Middlesex, Norwich/New London, Waterbury, and Windham/Tolland counties.

Intermediaries/advocates on the CT BOS Steering Committee include the Corporation for Supportive Housing, CT Coalition Against Domestic Violence, Partnership for Strong Communities, Connecticut Coalition to End Homelessness, and AIDS Connecticut. Representatives serving on the CT BOS Steering Committee are appointed by their respective organizations.

Consumer representatives (homeless and formerly) submit applications to join the Steering Committee. The CoC encourages consumers who have utilized homeless housing or services to apply. Consumers may not be employed by any agency receiving CoC funds and no Sub-CoC can have more than one consumer representing its region.

Regional Representation Requirements

CT BOS is comprised of the following regions: Bristol, Danbury, Greater Hartford, Greater New Haven, Litchfield County, Manchester, New Britain, New London/Norwich, Middletown/Middlesex, Waterbury, and Windham/Tolland. Many of these regions have their own local planning groups, known as Coordinated Access Networks (CANs) and/or Sub-CoCs, which guide the community's work around homeless housing and services. Each region is eligible to have one representative on the BOS Steering Committee. To maintain a representative on the BOS Steering Committee, a Sub-CoC or CAN must meet the following requirements:

- In order to be a member of the BOS CoC Steering Committee, the region must have a functioning and active local planning body (i.e., Sub-CoC or CAN), holding at least 4 meetings per year and engage in local planning with a diverse group of stakeholders.
- To certify eligibility for participation in the BOS CoC Steering Committee, each year, all Regions are required to submit the name of their appointed Steering Committee representative, Sub-CoC/CAN minutes, and member list to the Steering Committee.
- Each year, all regions of CT BOS are required to participate in the annual point-in-time homeless count to collect information on inventory and homeless persons; each agency must also designate one staff member to assist with the unsheltered homeless count.

- Regional representatives on the Steering Committee are responsible for convening local planning on homeless housing and services and obtaining input from members to share with the Steering Committee. The representatives are charged with ensuring that decisions made and information shared at Steering Committee meetings is brought back to the relevant local planning bodies.
- Collaborate with local educational agencies in identification of homeless children and youth.
- Develop and implement local Coordinated Access policies and procedures in the CAN.

CoC Steering Committee Member Termination

Members may be dismissed from the CT BOS CoC Steering Committee for violating the CT BOS CoC Code of Conduct. If a board member wishes to resign, the board member shall promptly submit a letter of resignation to a Steering Committee chairperson.

For additional information, see CT BOS CoC By-Laws, Article VI, Section 6

CoC Steering Committee Decision Making

The CT BOS CoC Steering Committee shall conduct business and make decisions in accordance with Article VI, Section 5 and Section 7 of the CT BOS CoC By-Laws.

CoC Governance Charter Amendment and Review

The CT BOS CoC will review, update, and approve this governance charter at least annually. Amendment of the charter requires a majority vote of the members present at a CT BOS CoC Steering Committee meeting.

Relationship between the CT BOS CoC Steering Committee and Full CoC Membership

CT BOS CoC Steering Committee meetings will be open to the full membership and the public. CT BOS CoC Steering Committee will post minutes of the CT BOS CoC Steering Committee meetings on the CT BOS CoC website. Between CT BOS CoC Steering Committee meetings, CT BOS CoC Steering Committee members will keep the full membership involved by involving CoC members in workgroups and committees and sharing information (including meeting minutes, resources for homeless services providers, plans and implementation progress, data about homelessness in the region and funding availability) via email list and/or via the CoC website.

Full Membership Meetings

The CT BOS CoC will hold meetings of the full CT BOS CoC membership at least semiannually.

The CT BOS Steering Committee will announce the date, time and location of these meetings at least one month in advance and will publish the meeting agenda at least 24 hours before the meeting. Meeting agendas will be distributed via email and posted online on the CT BOS CoC website for review prior to the meeting.

Recruitment of and Outreach to CoC Members

The CT BOS CoC Steering Committee (*or its designee*) will publish and appropriately disseminate an open invitation at least annually for persons within the CT BOS CoC area to join as new CoC members. Recruitment efforts will be documented by the Steering Committee.

The CT BOS CoC identifies and addresses membership gaps in essential sectors, from key providers or other vital stakeholders. The CT BOS CoC recruits members to ensure that it meets all membership requirements set forth in its governance charter, including representation of certain populations and certain organizations. Specifically, outreach will be conducted to obtain membership from the following groups as they exist within the CT BOS CoC geographic area and are available to participate in the CoC:

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities
- Affordable housing developers
- Law enforcement
- Organizations that serve veterans
- Homeless and formerly homeless individuals
- Other relevant organizations within the CoC's geography

V. Program Operating Standards

1. CT BOS Housing First Principles

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
 - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
 - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
 - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
 - d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
 - a. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
 - b. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.

- c. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- d. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
 - c. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute <http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - d. In order to terminate housing, PH providers are required to use the legal court eviction process.

Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
 - a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
 - b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
 - c. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

2. Housing First Requirements

- All CT BOS projects (Permanent Supportive Housing Rapid Re-Housing, and Transitional Housing) are required to adopt the CT BOS Housing First Principles listed above or penalties apply. Applicable penalties are established by the BOS Steering Committee.

3. Non-discrimination

- Providers shall have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers shall comply with all federal statutes including, the Fair Housing Act and the Americans with Disabilities Act.
- Providers shall comply with the following requirements as set forth by section 4a-60 of the Connecticut General Statutes:

(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

(2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission;

(3) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

(4) the Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f;

(5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56.

g) The following subsections are set forth here as required by section 4a-60a of the Connecticut General Statutes:

- (1) the Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation;
- (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be

provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

- (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; and
- (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this section and section 46a-56.

(h) The Contractor shall include the provisions of section (g) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

- (i) For the purposes of this entire Non-Discrimination section, "Contract" or "contract" includes any extension or modification of the Contract or contract, "Contractor" or "contractor" includes any successors or assigns of the Contractor or contractor, "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced, and "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders. For the purposes of this section, "Contract" does not include a contract where each contractor is

- (1) a political subdivision of the state, including, but not limited to, a municipality,
- (2) a quasi-public agency, as defined in C.G.S. § 1-120,
- (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in C.G.S. § 1-267,
- (4) the federal government,
- (5) a foreign government, or

- (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

4. Rapid Rehousing Standards

In accordance with HUD regulations (24 CFR Part 578), the CT BOS Continuum of Care (CT BOS) has developed, in consultation with ESG recipients, the following written standards for the provision of rapid re-housing (RRH) assistance. The standards contained herein apply to Rapid Re-housing projects funded by the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program and located in jurisdictions covered by CT BOS.

In addition to compliance with the standards contained herein, CT BOS RRH programs must comply with 24 CFR Part 578 (HEARTH Interim Rule) and the applicable CoC Program NOFA. CT Rapid Re-housing programs funded by State of CT Homeless Housing Account, U.S. Health and Human Services Social Services Block Grant, and HUD Emergency Solutions Grant Financial Assistance should refer to and comply with CT Rapid Re-housing Program (CTRRP) Policies and Procedures.

Participant Eligibility

- To be eligible for CT BOS CoC RRH assistance, at initial evaluation, households must: 1) demonstrate literal homelessness (i.e., HUD Category One); and 2) have household annual income of less than or equal to 50% of Area Median Income (AMI); and 3) have completed a VI-SPDAT or Next Step Tool for transition aged youth during their current episode of homelessness.
- Recipients and subrecipients must conduct regular re-evaluations, at least every 90 days, of program participants receiving RRH assistance. To continue to receive rental assistance, the program participant household's annual income must be less than or equal to 30% of Area Median Income (AMI) at re-evaluation.
- Households with no income at initial evaluation and/or re-evaluation are eligible.
- As indicated by HUD, households who are eligible for PSH and awaiting PSH placement may receive RRH assistance and will retain their homeless and, if applicable, chronically homeless status.

Participant Prioritization

- For sheltered households, those whose current episode of literal homelessness¹ has been at least seven days in duration shall be prioritized for RRH assistance. RRH grant recipients and subrecipients shall determine whether households

¹ Note that literal homelessness, as defined by HUD in Category One of the HEARTH Homeless Definition Final Rule, includes both sheltered homelessness and homelessness in places not meant for human habitation. As such, time spent in either location is counted when determining eligibility for this priority.

meet this prioritization criterion at the point of initial evaluation using HMIS data and, as necessary, permissible written documentation of unsheltered homelessness as defined by the HEARTH Homeless Definition Final Rule.

- Unsheltered households shall be prioritized for RRH assistance regardless of the length of their current episode of homelessness.

Determining the type of assistance & amount or percentage of rent each program participant must pay

- CT BOS RRH programs are required to use a progressive engagement model, i.e., starting with a small amount of assistance for the shortest period of time possible to help resolve homelessness then adding more assistance, only as necessary, if the less intensive intervention is unsuccessful.
- CT BOS RRH participants may receive eligible supportive services alone or a combination of eligible supportive services and rental assistance. At a minimum, all participants must attend monthly case management meetings in accordance with HUD regulations 24 CFR Part 578.
- All participants receiving rental assistance subsidies must contribute a minimum of 30% of their monthly adjusted household income towards their monthly rent. This tenant rent contribution may be adjusted at any time based on changes to household income, including, but not limited to at each 90 day reassessment. There is no minimum rent requirement and tenant rent contribution may be zero, for households with no income.
- In addition to rental assistance, eligible program costs are defined in 24 CFR Part 578 and include:
 - ✓ **Financial assistance** (eligible under rental assistance): security deposits (up to 2 months), first and last month's rent, property damage; CoC RRH assistance may not be used for payment of rent in arrears. Total property damage payments during a single enrollment in the RRH program may not exceed an amount equal to one month of the participant household's rent.
 - ✓ **Supportive services:** Case management, child care, education services, employment assistance and job training, food, housing search and counseling services, including mediation, credit repair, and payment of rental application fee, legal services, life skills training, mental health services, moving costs, outpatient health services, outreach services, substance abuse treatment services, transportation, utility deposits

Limitations on amount, frequency and duration of assistance

- In accordance with HUD regulations 24 CFR Part 578, participants may receive eligible supportive services for no longer than 6 months after rental assistance stops. HUD regulations 24 CFR Part 578 also indicate:
 - Services may be provided to current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving homelessness to assist their adjustment to independent living; and

- Rapid rehousing projects must require the program participant to meet with a case manager not less than once per month to assist the program participant in maintaining long-term housing stability.

As such, participants may receive eligible supportive services alone (i.e. without receiving rental assistance) for up to 6 months after leaving homelessness.

Participants may also receive short-term (up to 3 months) and/or medium-term (for 3 to 12 months) tenant-based rental assistance alone or in combination with eligible supportive services.

- Participants must be re-evaluated at least every 90 days to determine the need for continued assistance. This requirement applies to both supportive services and rental assistance. Through each re-evaluation the recipient or subrecipient must determine that the continuation of assistance is necessary to avoid literal homelessness.
- Participants may receive rental assistance of no more than the following percentages of FMR for each of the indicated time frames (security deposits are excluded from these limits):
 - Months 1-3 – 100% of FMR
 - Months 4 to 6 - 80% of FMR
 - Months 7 to 9 - 60% of FMR
 - Months 10 to 12 - 40% of FMR
- If through the re-evaluation it is determined that a higher amount of assistance than the levels defined above for any period or the continuation of assistance is necessary to avoid literal homelessness, the recipient or subrecipient must submit an exemption request to the relevant Coordinated Access Network (CAN) or an entity designated by the CAN. Only the CAN or designated entity may approve exemptions. The co-chairs of CT BOS Steering Committee shall authorize exemptions as necessary until the CAN is operational. If an exemption is authorized, recipients or subrecipients must continue to re-evaluate participants at least every 90 days to determine the need for continued assistance. Under no circumstances may assistance be provided for more than the maximum period authorized by HUD regulations 24 CFR Part 578.
- Participants may be eligible for rapid re-housing assistance for multiple episodes of literal homelessness based on their need. To ensure the efficient use of resources, recipients may establish a maximum amount or number of times that a program participant may receive rapid re-housing assistance.

5. Educational Services for Children

BACKGROUND

Federal law ensures educational rights and protections for children and young adults 18-24 experiencing homelessness. Protections apply to children and youth who are living with a parent or guardian and those who are not. Every school district and public charter school in CT is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. In addition, HUD establishes requirements for CoCs and project applicants through the annual CoC competition and the CT Balance of State Continuum of Care (CT BOS) has established related requirements. This document summarizes basic information about the responsibilities of sub CoCs and recipients/sub-recipients of CoC and ESG funds. For more information or to find contact information for your local homeless liaison please visit: <http://youth-help.org>

Information is also available at the National Center for Homeless Education: <http://center.serve.org/nche/briefs.php>

RESPONSIBILITIES OF SUB-COCS

CT BOS Sub CoCs are responsible for coordinating with your local school district(s), charter school(s), and Coordinated Access Network (CAN) in the following ways:

- Helping to identify children and young adults who are eligible for educational services. If a child or young adult does not have a fixed, regular, and adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation, emergency shelters, transitional housing, motels/hotels, campgrounds, in doubled-up situations, or in housing that lacks utilities, is infested or has other dangerous conditions.
- Helping to ensure that all families with children and young adults who qualify in your area are informed about their educational rights and their eligibility for educational services and they receive those services.
- Attending relevant meetings and planning events held by your local school district.
- Ensuring that the local school districts' homeless liaisons are aware of 211 and CAN processes for connecting homeless families and young adults to ESG & CoC resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Helping to ensure that when placing families in emergency, transitional or permanent housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early

childhood education programs.

RESPONSIBILITIES OF RECIPIENTS/SUB-RECIPIENTS & SAMPLE POLICY

Recipients and sub-recipients of CoC and ESG funds serving families with children and/or young adults 18-24 are responsible for the things outlined in the sample policy below, which is intended to help providers comply with requirements established under federal law, by HUD through the annual CoC project application, and by CT BOS. All projects receiving CoC funds that are serving families with children and/or young adults 18-24 are required to have similar policies. Projects may opt to adapt this sample policy or to adopt a different policy that fulfills the requirements.

Purpose:

To ensure that participants in (INSERT CoC PROJECT NAME) are helped to understand their educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act; To ensure that children and young adults are immediately enrolled in school, as required by federal and State law, & to ensure that they are connected to transportation and educational services to help them succeed in school.

Policy:

1. All housing, whether temporary or permanent, provided by the CoC project shall be located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services.
2. The Program Director and/or his/her designee is responsible for:
 - a. Ensuring that all families with children and young adults participating in this project are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
 - b. Ensuring that no matter where they live, how long they have lived there, or how long they plan to stay, all children and young adults participating in the project are enrolled in school immediately, even if they lack the paperwork normally required (e.g., school records, records of immunization, and other required health records, proof of residency, guardianship, and other documents), are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur as quickly as possible and within no more than 48 hours of project entry. Children and young adults who are not required by State law to enroll in school shall be encouraged and assisted but not required to enroll. Families shall be encouraged and assisted to enroll children in early childhood education programs. Enrollment includes attending

- classes and participating fully in school activities and applies to youth without a parent or guardian.
- c. Assist unaccompanied youth to choose and enroll in a school, giving priority to his/her wishes and assisting to exercise his/her right to appeal.
 - d. Advocating as necessary to ensure that homeless students are able to continue to attend their school of origin (i.e., where they went before becoming homeless or the school in which they were last enrolled) the entire time they are homeless and until the end of the academic year during which they find permanent housing. This includes pre-schools and the designated receiving school at the next grade level when a student completes the final grade level served by the school of origin. Remaining in the school of origin should be presumed to be in the best interest of the student unless contrary to the request of the parent, guardian or unaccompanied youth.
 - e. Assisting, as necessary, to ensure that the parent, guardian, or unaccompanied youth is provided with the required written explanation of decisions made by school districts/charter schools and how to appeal them and that they are referred to the local school district's homeless liaison who must carry out the dispute resolution process as expeditiously as possible.
 - f. Assisting, as necessary, to appeal any decision by the local school district or charter school that it is not in the student's best interest to attend the school of origin or the school where they currently live if requested by the parent, guardian or unaccompanied youth.
 - g. Advocating, as necessary, to ensure that if a dispute arises over eligibility, school selection, or enrollment, the student is immediately enrolled in the school in which enrollment is sought, pending resolution of all available appeals.
 - h. Advocating, as necessary, to secure the transportation services to which students are entitled (i.e., to and from the school or preschool of origin, including until the end of the year when the student obtains permanent housing).
 - i. Assisting, as necessary, to secure temporary transportation services through other means, if possible, when school districts/charter schools are unable to immediately provide such required services.
 - j. Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible according to their needs and comparable to those provided to other students, including assistance from the local school district's homeless liaison, Early Intervention Program for Infants and Toddlers with Disabilities, Head Start, other preschool programs, services for disabled students, free school meals, services for English language learners, gifted and talented services, before and after school care, career and technical

education, summer learning, online learning, and referrals to health, mental health, dental and other services.

- k. Advocating as necessary to ensure that homeless students who meet the relevant eligibility criteria do not face barriers to accessing academic and extracurricular activities, including magnet and charter schools, summer school, career and technical education, advanced placement, online learning, and athletic programs.
- l. Advocating, as necessary, to ensure that students receive appropriate full or partial credit for coursework, including consulting with the prior school about partial coursework completed, evaluating students' mastery of partly completed courses, and offering credit recovery.
- m. Advocating as necessary to ensure that all homeless youth receive information and individualized counseling regarding college readiness, college selection, the application process, financial aid, and the availability of on-campus supports; and that unaccompanied homeless youths are informed of their status as independent students for the purposes of Federal financial aid for postsecondary education and assisted in receiving verification of such status.
- n. Advocating as necessary to ensure that records, including information about a student's living situation, are kept private.
- o. Helping homeless students to succeed in school and to get help from the local homeless education liaison, as necessary.
- p. Developing relationships with colleges to access higher education services specifically for homeless young adults.
- q. Designating a staff person who is responsible for:
 - Helping participants to understand their educational rights
 - Ensuring that children and young adults are enrolled in school and early childhood education
 - Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
 - Ensuring that children and young adults receive the transportation services to which they are entitled

These need not be the only responsibilities of the designated staff person.

- r. Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
 - Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted by the project.

6. Special Requirements for Leasing and Rental Assistance Projects

- If agencies chose the leasing option, they are required to master lease and provide a sublease to tenants (not occupancy agreement); there also must be a functional separation of roles between services and property management.
- For rental assistance, there needs to be an agreement with the administrator including customary terms and conditions.

7. Participant/Applicant Bill of Rights

Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing projects operating within CT BOS must review with and provide a written copy of the *CT BOS CoC Participant/Applicant Bill of Rights* (see appendix) to all participants and applicants.

8. Grant Amendments

- Grant recipients are required to submit any proposed CoC project grant amendments to the relevant sub-CoC for approval prior to submission to HUD.
- Grant recipients are also required to notify the CT BOS Steering Committee of any approved amendments.

VI. Performance Evaluation

1. Renewal Evaluations

- Each year, the BOS Steering Committee establishes performance targets, and evaluation criteria for renewing projects.
- Providers are asked to submit data such as consumer surveys and APRs to enable project evaluation before the NOFA is released.

2. Corrective Actions

- Each year the Steering Committee establishes a minimum scoring threshold.
- Projects scoring below the threshold must do a corrective action plan.
- Agencies in corrective action process are not eligible to apply for funding for new projects.
- Programs in corrective action status for 2 consecutive years may be at risk of losing their funding.
- Local BOS CoC representatives are copied on correction action letters for their jurisdictions.

3. Underspending

- If a project is underspent by more than 20% or \$50,000 for 2 years, the project is at risk of partial or complete reallocation.

VII. Grievances

1. Purpose

The purpose of the CT BOS Grievance Policy is to ensure that there is a fair and accessible process for providers and Steering Committee members to file a grievance with the CoC. For example, a provider might have a grievance with how their renewal evaluation results are scored or rejection of a project application for funding.

2. Composition of Grievance Committee

The Grievance Committee shall be made up of a minimum of three members of the CT BOS CoC Steering Committee. Members shall be appointed by the CT BOS CoC Steering Committee Co-Chairs.

4. Filing a Grievance

Grievances shall be submitted in writing to the Grievance Committee via e-mail (ctboscoc@gmail.com).

5. Resolution of a Grievance

Written grievances will be reviewed within 30 days of receipt. The committee will issue a written decision that specifies the resolution of the grievance and any actions that need to be taken. The decision may be appealed to the CT BOS Steering Committee Co-Chairs within 10 days of the written decision. The decision of the Co-Chairs is final. In all instances when a conflict of interest is present, parties shall recuse themselves from voting on and otherwise influencing the outcome of matters referred to the Grievance Committee. (see CT BOS Policies, Article VIII, Section 1).

VIII. Monitoring

1. Purpose

HUD requires CoCs to monitor and evaluate CoC programs. CT BOS provides on-site monitoring for a subset of funded providers annually in order to help grantees prepare for HUD visits, reduce recapture risk, and identify areas of need for technical assistance.

2. Selection

The BOS Steering Committee establishes selection criteria annually to determine which programs will be offered monitoring.

3. Procedures and Tool

Monitoring procedures and the tool used during monitoring visits are available on the CT BOS website.

VIII. Coordinated Access

1. Introduction

The coordinated access policies contained herein apply to Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RR) funded with CoC and ESG Funds in the CT BOS CoC jurisdictions. The aim is to set some CoC wide standards but allow for CAN level or sub-CoC level customization and tailoring to local circumstances. Section M includes pertinent definitions.

2. Guiding Principles

The CT BOS CoC has defined the following coordinated access guiding principles:

- Promotes collaboration among providers
- Honors client choice re: geography and services needed
- Incorporates provider choice in enrollment decisions
- Establishes standard, consistent eligibility criteria and priorities
- Eligibility requirements limited to those required by funding sources (and no additional requirements that are not required by funders) in order to accommodate as many people as possible
- Ensures quality housing and services are provided
- Ensures clear and easy access for consumers
- Improves efficiency, communication, and knowledge of resources
- Is cost effective and focuses on cost effective solutions to homelessness
- Uses systemic “Rapid Exit to Housing” approach
- Streamlines processing
- Accountability -The process must be transparent and consistent
- Leverage HMIS and the use of “real time” data whenever possible (Once new system is up and 2-1-1 is fully staffed)
- Prioritizes Enrollment Based on Need
- Goal: a system that is clear and creates ease of access for clients

- All data collected is relevant to the process
- Staff are trained and competent in assessment

3. Intake

- **Accepting People from Other Public Systems of Care**

The McKinney-Vento Act, as amended by the HEARTH Act, stipulates that state and local governments have policies and protocols in place to ensure that publicly-funded institutions do not routinely discharge individuals into homelessness. Before accepting participants into CoC programs from the Mental Health, Foster Care, Correctional or Public Health Systems, providers will work to ensure that all other discharge options have been exhausted. Accepting a person directly from publicly-funded institutions should only be considered if there are no other viable housing options and the person meets the eligibility criteria for the bed or unit.

- **Ensuring families with children are not denied admission or separated**

- To maintain family unity homeless shelters or housing funded by the CoC or ESG to serve families may not deny admission to any family based on age or gender (e.g. admissions policies disallowing entry for adult males or boys over 15 are not permissible).
- The CT BOS CoC recognizes that household composition may change during the course of a homeless episode. (For example, a family may enter emergency shelter as a parent with two teenage children but the plan is to re-unite in permanent housing with a younger child who is currently staying with a relative.) To the greatest extent possible, the CoC wants to accommodate changes in family composition.
- In accordance with the CT BOS Client Bill of Rights (see Appendix), participants in or applicants to any emergency shelter, transitional housing, rapid re-housing, or permanent supportive housing project operating within the CT BOS CoC have the right to decide for themselves who is a member of their families and to be served together with their families. A family may include adults and children or just adults of any age, disability, marital status, actual or perceived sexual orientation or gender identity. This requirement applies whether the family initially presented together upon admission or the family composition changed post admission. It is the intent of the CT BOS CoC to allow families to form and change composition during their participation in projects, however that may not be feasible in every situation.
- Projects may restrict changes to family composition in the following situations:
 - Unit is not large enough to accommodate additional family members in accordance with applicable federal, state, and local standards (Note that

CoC-funded programs are required to have at least one bedroom or living/sleeping room for each two persons and may not require children of the opposite sex, other than very young children, to occupy the same bedroom or living/sleeping room); and/or

- The services required to meet the needs of a new family member are not available; and/or
 - Housing the family together would present an imminent health and/or safety risk.
- When circumstances prevent a project from accommodating changes to family composition, projects should assist the family in accessing a different unit or work with their CAN and assist the family in accessing a different project that meets their needs and can accommodate them together as a family.

4. Assessment Forms

- All Permanent Supportive Housing (PSH), Emergency Shelter (ES), Transitional Housing (TH), and Rapid Rehousing (RR) programs funded with CoC and ESG Funds in the CT BOS CoC jurisdictions are required to use common assessment forms as directed by their local CAN. CT BOS will use the VI SPDAT as its common assessment form at least initially. CT BOS will use the Next Step Tool for transition aged youth.

5. Core Referral Policies

A. Educational Considerations for Children

- When placing families in emergency or transitional shelter, CANs must consider the educational needs of children, including placing children as close as possible to schools of origin and early childhood care and education programs.

B. Determination of Eligibility and Priority for the Service

Eligibility- Programs may not establish additional eligibility requirements beyond those specified below and those required by other funders

Veterans ineligible for VA Services – Veterans who are ineligible for U.S. Department of Veterans Affairs housing and services shall be prioritized in CT BOS CoC funded projects.

Emergency Shelter – Applicants must be screened for diversion and admitted to shelter only if no other options (such as staying safely with friends or family) are available. Applicants must be, literally homeless, and able to be safely maintained in the shelter (e.g., behavior is not an obstacle to safety). For family homeless shelters, registered sex offenders are not eligible.

Transitional Housing – Transitional Housing – Applicants must be screened for diversion and admitted only if no other options are available. Projects may serve only participants coming from emergency shelter and unsheltered locations, including those who have been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days AND who were residing in an emergency shelter or unsheltered location immediately before entering that facility. Projects may serve only participants with income below 30% of AMI. Applicants must be able to be safely maintained in the program, including not posing any danger to other participants.

Rapid Rehousing – Applicants must be homeless and have income below 30% of AMI. Rapid rehousing projects must serve only individuals or families coming from emergency shelters or the streets, with the exception of youth under age 25 who may also qualify under HUD Category 4 (i.e., fleeing domestic violence).

Permanent Supportive Housing – Must meet HUD definition of literally homeless and include at least one family member with disabilities.

Priority for Service

Emergency Shelter – There are no priorities for ES defined by CT BOS CoC. CANs and local sub-CoCs may establish local priorities provided they follow ESG, DOH and other funding guidelines.

Transitional Housing

- Not able to be diverted or slated for PSH AND
- At least one prior episode of homelessness (except for young adults) AND
- In one of the following life stage transitions
 - young adults 18-24,
 - family with children under age 5,
 - interested in recovery
 - fleeing DV and DV cause of recent homeless episode

Priorities for PSH

Purpose: This policy provides information to Coordinated Access Networks (CANs) and Permanent Supportive Housing (PSH) projects receiving Continuum of Care Program funds regarding the order in which eligible households should be served. This policy reflects the new definition of chronic homelessness as amended by HUD's Final Rule on Defining Chronically Homeless and updates the orders of priority that were previously established in CT BOS policies. This policy is intended to ensure that the individuals and families who have been homeless the longest and who have the most severe service

needs are prioritized for PSH and to support progress towards ending chronic homelessness in Connecticut.

- **Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:**
 - All CT BOS CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each CAN's homeless population for prioritization decisions.
 - This by-name list uses the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>
 - The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.
- **Accepting Referrals through a Single Prioritized List for PSH**
 - All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN's homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.
 - This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.
- **Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness:**
 - When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT BOS CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:
 - People who meet the HUD definition of chronic homelessness and have a

VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth . Housing Placement Teams will determine prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.

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- Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
- Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual's true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.
- Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).
- Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. CT BOS recognizes that some persons—particularly

those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

- **Prioritizing access to PSH when participants are transferred from a different PSH project:**
 - Existing PSH participants being transferred from a different CTBOS PSH project are exempt from the order of priority established in HUD Notice CPD-16-11. Such transfers should be considered both within and across CAN's and Sub-CoCs to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD-16-11, except in cases where existing CT BOS PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT BOS covered geography over eligible applicants residing in another CoC.
- **Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:**
 - When no chronically homeless person or no chronically homeless person who meets a project's HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with CANs to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (local CAN region) where the vacancy exists.
 - **(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher.

➤ **(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher.

➤ **(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.**

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

➤ **(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the sub- CoC's geographic area at that time.

- **Projects that serve 100% CH Veterans**, and are unable to locate a CH Veteran to fill a vacancy, will follow the prioritization process detailed in the CT BOS Policies and Procedures which are based on *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons* (<http://www.csh.org/wp-content/uploads/2015/04/CT-BOS-Policies-revised-4.6.15.pdf>) to house a NON-CHRONIC homeless Veteran. For projects that have dedicated units for Veterans, but do not serve 100% Veterans, and are unable to locate a chronically homeless Veteran to fill a vacancy, the project will follow the prioritization process noted above to house a chronically homeless non-veteran.”
- **Prioritization and Fair Housing:** The Fair Housing Act prohibits discrimination in housing on the basis of race, color, religion, sex, family status, national origin or disability. Other than prohibiting the seven bases of discrimination listed above, the Act does not limit the considerations that may be taken into account in making a housing decision, or prevent the adoption of preferences as long as those preferences do not violate the rights of one of those seven classes. The Act permits preferences for persons who are disabled.

C. Notification of Vacancies

All Programs: All Emergency Shelter, Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing Programs are required to report vacancies to the CAN within 12 hours of unit/bed availability. If providers know of an impending vacancy, they are required to report the anticipated availability date within 72 hours of being made aware of such availability. Programs must update vacancy information in HMIS within one business day of a unit/bed being filled.

D. Time frames and expectations for Responses to Referrals by Providers

Emergency Shelter

Provider must make a determination within two hours of a referred client presenting at the shelter regarding whether the client can be accommodated that night and must notify the CAN and enter that decision in HMIS within one business day. If at 7pm the referred individual or family does not arrive at the shelter to claim a bed, the ES program may offer that bed to another eligible client.

Transitional Housing and Rapid Rehousing

For RRH, within two business days of intake interview and receipt of a complete intake packet, and for TH, within three business days of the intake interview and

receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

Permanent Supportive Housing

Within three days of intake interview and receipt of a complete intake packet, staff will determine eligibility and acceptance or rejection into the program.

E. Referrals from CAN to CAN (TBD)

F. Centralized Priority Lists

Emergency Shelter

When issuing a referral for Emergency Shelter that cannot be immediately accommodated because no vacancy exists, the *Coordinated Access Network* may assign the singles and families seeking services to a priority list.

Permanent Supportive Housing

The CoC has a centralized priority list for PSH and each CAN will have a list for their geographic area. When a provider has a vacancy, the next eligible person on the list will be referred to the program with the vacancy within 2 business days. To ensure that vacancies are promptly filled, the *Coordinated Access Network* may issue up to 3 referrals per vacancy.

Transitional Housing and Rapid Rehousing

When issuing a referral to Transitional Housing or Rapid-Re-housing when there are no vacancies, the *Coordinated Access Network* will assign the person/household seeking services to the priority list for TH or RR using the prioritization criteria described above.

When a vacancy becomes available, the *Coordinated Access Network* will, within one business day of receiving the vacancy notification, based on the prioritization criteria, determine the next single/family on the applicable priority list and refer them to the program. To ensure that vacancies are promptly filled, the CAN may, at its discretion, issue up to 3 referrals per vacancy.

Transitioning from existing wait lists to CA priority lists CT BOS suggests that Sub CoCs use the following process for the transition from existing wait lists to the new priority lists that will be used to determine referrals under a Coordinated Access system. 1) CANs choose a date to close the existing waitlists 2) CANs work with providers to review and purge current lists of households who are no longer eligible or cannot be found 3) CANs work with providers to administer the common assessment form for all households that remain on the wait list 4) CANs assemble a new unified priority list combining households from the previous waitlist with those assessed since wait lists were closed and determining priority order using eligibility and priority standards as adopted by the CoC/CAN.

G. Client/Consumer Choice – Preferences and Decline Policy

Consumers may decline a referral because of program requirements that are inconsistent with their needs or preferences. There is no limitation on this decline. For example, consumers may decline participation in programs requiring sobriety. The *Receiving Program* must document the reason for client rejections.

The *Coordinated Access Network* will, at their discretion, require a case conference to review and resolve rejection decisions by consumers. The purpose of the case conference will be to resolve barriers to the client receiving the indicated and desired level of service.

H. Provider Decline Policy – Information to be provided, rules regarding rates of acceptance

Emergency Shelter

Emergency Shelters may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the Emergency Shelter has determined that the individual or family cannot be safely accommodated. The Emergency Shelter must report the reason for any decisions to reject a client. If the rejected client has not otherwise been accommodated for the night, the Emergency Shelter must refer the client back to the *Coordinated Access Network*, and document that outcome in HMIS.

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Receiving Programs may only decline individuals and families found eligible for and referred by the *Coordinated Access Network* under limited circumstances, such as there is no actual vacancy available, the individual or family missed two intake appointments, the household presents with more people than referred by the *Coordinated Access Network*, or based on their individual program policies and procedures the *Receiving Program* has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program. Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services except as required by a funder. Providers must accept at least 2 of 3 referrals.

An intake decision notification will include at a minimum:

- first available move-in date, if applicable
- if applicable, reason the client cannot enter the program, including reason for rejection by client or program, if applicable

- alternative recommendation regarding indicated housing model/exit option for the client with justification, if applicable, Instructions for appealing the decision, including the contact information for the person to whom and time frame under which the appeal should be submitted.

If the homeless individual or family is accepted, the *Receiving Program* must document that acceptance and notify applicant of acceptance within one business day. In all cases, best faith effort for prompt unit turnover should be made and, on average, units should be turned over within 5 business days.

If the homeless family or individual referred by the *Coordinated Access Network* has not presented at the *Receiving Program* within 3 business days from the intake appointment the *Receiving Program* must notify the *Coordinated Access Network* and document the no show. Should the client present at or call the *Receiving Program* after more than 3 days from the appointment, the *Receiving Program* must refer the client back to the *Coordinated Access Network*.

I. Clients declined by all referrals

The *Coordinated Access Network* may convene a case conference in the event that a client is declined by 3 programs. The purpose of the case conference will be to resolve barriers to the client receiving the indicated level of service. The *Coordinated Access Network* will determine, which parties will attend the case conference, including but not limited to the *Assessment Entity*, the *Receiving Programs*, the Funding Agency, the Client, and other Collateral Contacts as determined necessary.

J. Returns to Homelessness and Discharges without a Stable Placement

If an individual or family residing at a permanent housing project is at risk of returning to homelessness or an individual or family is being discharged from a transitional housing project or shelter without a stable placement, the service provider is required to notify the local CAN at the earliest possible point in the process. The CAN will convene a case conference to evaluate the situation, determine intervention(s) that might help to preserve housing or secure an alternative placement, plan for the best possible outcome and try to prevent a return to homelessness. This requirement does not apply in situations of imminent risk to self or others.

K. Holding Beds/Units to Locate People

Emergency Shelter

Once a referral is made to emergency shelter, the provider is required to hold a bed until 7pm (or the latest time possible given staffing limitations).

Transitional Housing, Rapid Rehousing and Permanent Supportive Housing

Once referral/s have been made by the Coordinated Access Network, the Receiving Program is required to hold the unit vacant for 5 days in order to locate and inform the individual/household of the availability of housing and arrange the intake.

L. Grievance and Appeal Policies

All households shall have the right to appeal eligibility determinations and individual program acceptance decisions. Appeals of program acceptance decisions should be first made to the receiving agency using their grievance process. The entity receiving the appeal must respond in writing to all appeals within 14 days.

All appeals of eligibility decisions made by a CAN and appeals of receiving program acceptance decisions that could not be resolved to the satisfaction of the applicant through the receiving agency's grievance process shall be managed in accordance with the CT Department of Mental Health and Addiction Services Appeals Process. That process entails these steps: 1) Informal conference with the Shelter Plus Care Screening Committee or an equivalent body that replaces S+C Screening Committees post full CAN implementation 2) Hearing with the DMHAS Appeal Panel 3) Final review with the Director of Housing and Homeless Services. Each step is available to the applicant if the previous step did not result in satisfactory resolution. (Final Decision TBD based on outcome of statewide CAN planning meeting – CT DMHAS policy to be updated to conform with CAN process)

DMHAS funded programs must comply with their appeals process. (See Section O for the CT Department of Mental Health and Addiction Services Appeals Process)

M. Process for Referrals to DV, VA and other non-HMIS programs including paper referrals

DV: See policy drafted by CCEH and the CT DV Network (See Section P). If the household does not wish to seek DV specific services, the household will have full access to the Coordinated Access Network programs and services.

Veterans: To be developed

N. Definitions

Chronically Homeless (HUD Definition):

HUD Released the Final Rule on Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Chronically Homeless" on 12/4/15. The final rule defines chronic homelessness as follows:

(1) A “homeless individual with a disability”:

- i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living as described in paragraph (1)(i) above continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i) above. Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an **institutional care** facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) **A family** with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (HUD Definition):

A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if Individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Literally Homeless (HUD Homeless Definition Category 1):

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

O. DMHAS CoC Rental Assistance Appeal Process – *excerpted from the DMHAS Permanent Supportive Housing Rental Assistance Administrative Plan (updated June 16, 2016)*

Introduction

1. Any participant determined to be ineligible for or being terminated from CoC Rental Assistance has the right to appeal. There are several levels of appeal set out below.
2. At all stages of the appeal process, factual findings relating to the individual circumstances of the applicant shall be based on a preponderance of the evidence presented.
3. At all stages of the appeal process, any deadlines for the applicant will be liberally construed.

Informal Conference with the relevant CAN

1. If the relevant CAN finds that the applicant is not eligible, it will notify the applicant in writing, clearly stating the specific reasons for the ineligibility determination and informing the applicant that he/she has the right to appeal the ineligibility decision.
2. The appeal process may begin with an informal conference with the relevant CAN. The CAN shall provide the applicant/participant with a conference request form and a list of available advocates when it notifies the applicant/participant of the determination. The determination letter must be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant's file
3. When an applicant/participant requests an informal conference with the CAN, the informal conference shall be held within thirty (30) working days of the receipt of the request.
4. The CoC Rental Assistance Housing Office or CAN shall mail a notice of the informal conference to the applicant/participant. The notice of the informal conference shall include the date, time and place for the conference and a clear and specific statement of the issues presented and shall include a list of available advocates. The notice of the conference shall be mailed to the applicant/participant by first class mail.
5. The notice of informal conference with the CAN shall contain the following advisements:

- b. The applicant/participant has a right to review and receive (free of charge before the informal conference) photocopies of the documents in the CoC Rental Assistance file upon which the determination being appealed is based.
 - c. The applicant/participant has the right to have a representative or advocate present at the informal conference with the CAN. A list of available advocates shall be provided with the notice of the informal conference.
 - d. The applicant/participant will be given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the initial decision at the informal conference.
 - e. The applicant/participant has the right to question any witnesses who may be present at the informal conference and to be informed in advance who those witnesses will be.
 - f. The applicant/participant has the right to bring his/her own witnesses and/or advocates to the informal conference.
6. If the applicant/participant has any special needs or accommodations or transportation problems which may affect his/her ability to attend the informal conference, he/she should contact the CoC Rental Assistance Housing Office. The relevant CAN shall conduct an informal conference with the applicant/participant.
 7. At the conference, the applicant/participant and the CAN may make an agreement.
 8. If the CAN and the applicant/participant do not reach an agreement, the CAN will inform the applicant/participant, in writing (mailed first class) of the specific reason(s) for the determination, and the applicant/participant's right to a formal conference with the DMHAS Appeal Panel. That written notification will include a list of advocates.
 9. The CAN shall make its determination and mail the notice of the determination to the applicant/participant within fifteen (15) working days following the informal conference.
 10. The Housing Office staff CAN shall provide the applicant/participant with a hearing request form, which contains the name and address of the DMHAS Housing Director, and instructions for requesting a hearing orally.

Hearing with DMHAS Appeal Panel

This panel will have three members, one representing the DMHAS Housing Staff, one representing the DMHAS Recovery Community Affairs staff, and one representing a CoC Rental Assistance Housing Office outside of the CAN from which the appeal originated.

1. When an applicant/participant requests a hearing with the DMHAS Appeal Panel, the hearing shall be held within thirty (30) working days of the receipt of the request.
2. The notice of hearing shall include the date, time, and place of the hearing and a clear statement of the issues presented. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than 10 days

before the scheduled hearing. The notice of hearing with the DMHAS Appeal Panel shall contain the same advisements as described in above section. (Section XIV, Part B 5)

3. At the hearing, evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings. However, a decision to deny or terminate eligibility cannot be based on hearsay evidence alone. Applicants/ participants must have the opportunity to confront and cross examine adverse witnesses.
4. The DMHAS Housing staff shall keep a sign-in sheet of those who attended the hearing and a list of the documents discussed and witnesses present.
5. Within ten (10) working days of the hearing, the DMHAS Appeal Panel shall issue a written decision specifying the reasons for the decision and informing the applicant/participant that he/she can request a final review by the Review Panel. The decision shall be mailed to the applicant by first class mail and a copy will be maintained in the applicant/participant file.
6. DMHAS Housing staff shall provide the applicant/participant with a request form for the final review with the Review Panel, which contains the name and address of the Review Panel contact, and instructions for requesting a final review orally.

Final Review by Review Panel

1. When an applicant/participant requests a final review from the Review Panel, the final hearing shall be held within fifteen (15) working days of the receipt of the request.
2. The final review will be conducted by a Review Panel composed of three individuals:
 - a. The first Review Panel member will be the DMHAS Team Leader.
 - b. The second Review Panel member will be a participant/applicant Advocate (not representing applicant), including but not limited to, NAMI, Legal Services, Connecticut Legal Rights Project, CT Community for Addiction Recovery (CCAR) and Advocacy Unlimited.
 - c. The DMHAS Team Leader and the Advocate will select a third Review Panel member. To qualify as a Review Panel member, the individual must have participated in the training workshop regarding this Administrative Plan and must not be a person (or a subordinate of a person) who made or approved the decision being appealed;
 - d. The Review Panel members will serve pro bono.
3. The notice of the final review shall include the date, time and place for the hearing and a clear and detailed statement of the issues. The notice of the hearing shall be mailed to the applicant/participant by first class mail not less than ten (10) days before the scheduled hearing. The notice shall contain the same advisements as stated above (Section XIV, Part B 5) and a copy will be maintained in the applicant/participant file.
4. The Review Panel shall keep a sign-in sheet of those who attended the final review and a list of documents discussed and witnesses present.

5. The final review shall be governed by the process described above in Section XIV Part C.
6. The Review Panel shall issue a written decision within (15) working days of the final review, giving a short statement of the facts on which the decision is based.
7. Copies of the Review Panel's decision shall be mailed to the applicant or participant by first class mail and retained in the applicant/participant's file.

Disputes/Complaints Regarding CoC Rental Assistance

When a participant has a dispute (complaint) about the administration of the CoC Rental Assistance Program (e.g., rent calculation, repair issues, mistreatment by the Housing Office, etc.) he/she may use the review process described in Section XIV of the administrative plan, including: A) Informal Conference with CAN; B) Hearing with DMHAS Appeal Panel C) Final Review by Review Panel

P. Domestic Violence Protocol

An effective Coordinated Access System in CT:

- Includes domestic violence service providers in the coordinated access systems in every community:
 - Domestic violence providers are engaged in all phases of the Coordinated Access process from planning through implementation and evaluation.
 - Domestic violence providers are included in the day to day operations of the Coordinated Access system, including daily identification and coordination of services for domestic violence survivors.
- Has safety assessment options for survivors of domestic violence and offers immediate referral to domestic violence services if needed;
 - 211 call specialists, trained in working with survivors of domestic violence, will continue to serve as a front door for screening of domestic violence survivors and will make immediate referral to domestic violence services when needed.
- Provides an option for survivors to access the statewide network of domestic violence providers;
- Takes a trauma-informed approach;
 - Recognizes the prevalence of trauma and how it impacts people and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
 - Takes a thoughtful perspective on how assessment is completed and how many times survivors may be asked to tell their stories, the impact of these questions and the potential for re-traumatizing survivors in this process
- Screens for domestic violence in the initial steps of the coordinated access process;

- CCADV or their member agencies will provide training on how to best screen for DV issues.
 - Screening questions for DV will be included in the HMIS Intake, that will indicate when referral to DV services may be needed
- Allows self-certification of homelessness for survivors of domestic violence (in accordance with federal law around eligibility for services that indicate that domestic violence survivors are considered homeless if they are actively fleeing)
- Provides for training of all coordinated access staff in the confidentiality and privacy rights of domestic violence survivors, included in the federal Violence Against Women Act (VAWA) and CT state law;
 - To be provided by CCADV or their member agencies
- Permits survivors and others to decline having their personal information entered into HMIS, and maintains confidentiality, without limiting their access to programs and services, in accordance with the Violence Against Women Act;
 - Allows for anonymous entry of domestic violence survivors into HMIS in order to meet funder data entry requirements with a protocol to be determined.
- Encourages referrals for domestic violence survivors that are made based on knowledge of the programs and program types that are most appropriate for survivors of domestic violence;
- Provides for training of coordinated access staff on issues related to domestic violence survivors, including risk assessment and delivery of trauma-informed services;
 - Training will be provided by CCADV
- And recognizes that survivors connect to housing services most successfully when domestic violence service providers work in conjunction with homeless services providers.
 - Rapid rehousing, transitional housing and permanent supportive housing resources are critical for all homeless households entering the services system including survivors of domestic violence.

IX. Appendix

CT BOS CoC Participant/Applicant Bill of Rights

Adopted April 22, 2016

As a participant in or applicant to any emergency shelter, transitional housing, rapid re- housing, or permanent supportive housing project operating within the Connecticut Balance of State Continuum of Care (CT BOS CoC), **YOU HAVE THE RIGHT TO:**

- Not be discriminated against based on race, color, national origin, religion, sex, actual or perceived sexual orientation, gender identity/expression, disability or marital status.
- Not be denied admission or separated from members of your family based on any of these things.
- To decide for yourself who is a member of your family and to be served together with those people whether your family includes adults and children or just adults, or the age, disability, marital status, actual or perceived sexual orientation, or gender identity of any member of your family.
- To be placed in a shelter based on the gender with which you identify.
- If at any time you express safety or privacy concerns, the project must take reasonable steps to address your concerns.
- Not to be sexually harassed.

In addition, as a participant in any transitional housing, rapid re-housing, or permanent supportive housing project funded by CT BOS CoC **YOU HAVE THE RIGHT:**

- To be treated with respect and dignity and in a way that honors differences.
- To get services that meet your needs with a focus on helping you to get and keep permanent housing and achieve the things that are important to you.
- To not be physically, sexually, verbally and/or emotionally abused or threatened.
- To receive services that are consistent with the Housing First model (See details attached).

CT BOS CoC Participant/Applicant Bill of Rights

- To receive a written statement describing the services provided by the project, any rules and your responsibilities and to receive an updated written statement if any changes are made.
- To have your personal information and records kept private and not shared without your written permission and to say with whom the information can be shared.
- To be informed of situations when your personal information can be shared without your permission, for example, when there is a medical emergency, when a clear and immediate danger to you or to others exists, when there is possible child or elder abuse, or when ordered by a court of law.
- To make suggestions and complaints about services or denial of services.
- To receive a prompt and reasonable response to requests and complaints.
- To have the freedom to participate in or choose not to participate in services and activities offered by the CoC project or by any other organization in the community.
- If you are no longer going to get services and/or housing, to get a written notice that includes a clear statement of the reasons, an opportunity to appeal the decision, and the right to receive a written notification of the final decision. This right applies whether you decide you no longer want the services or the project decides they can no longer serve you.
- If you are a participant in a tenant-based rental assistance program, you have the right to choose the housing unit you will live in and to move within the CT BOS CoC area when your lease expires. All housing units must meet HUD standards, and you may be directed to a smaller geographic area, if necessary, to ensure that you can get services, unless that would put you at likely threat of violence or stalking.
- To receive a copy of these rights and to have someone review them with you when you enter the project.

Please sign below to indicate that you received a copy of these rights and someone reviewed them with you. More information about your rights and what you can do if you believe your rights have been violated is attached.

Participant/Applicant Name	Participant/Applicant	Signature Date
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Staff Name

Staff Signature Date

CT BOS CoC Participant/Applicant Bill of Rights

ADDITIONAL INFORMATION ABOUT YOUR RIGHTS

- A shelter or housing program is allowed to limit assistance to households with children; however, it may not limit assistance to only women with children and must also serve the following family types:
 - o Single men with minor children; and
 - o Any household made up of two or more adults with minor children, regardless of sexual orientation, marital status, or gender identity,
- Projects may not ask about your sexual orientation or gender identity to determine if you are eligible. This does not mean that you cannot choose to share that information. Emergency shelters may ask about your sex if they have shared sleeping areas or bathrooms. Other types of projects may also ask about your family members' sex to determine the number of bedrooms you need.
- There, generally, is no reason for a provider to request documentation of your sex in order to determine where to place you. You should not be denied access to a single- sex emergency shelter because your documents indicate a sex different than the gender with which you identify. The provider may not ask you questions or seek information or documentation about your anatomy or medical history. The provider also may not consider you ineligible for an emergency shelter or other facility because your appearance or behavior does not conform to gender stereotypes.
- Reasonable steps that a provider must take to address a transgender client's safety or privacy concerns, include, for example: adding a privacy partition or curtain; allowing you to use a nearby private restroom or office; or having a separate changing schedule. The provider must permit any transgender clients expressing concern to use bathrooms and dressing areas at a separate time from others in the facility. The provider should work with the layout of the facility to provide for privacy in bathrooms and dressing areas, if possible. For example, toilet stalls should have doors and locks and there should be separate showers stalls to allow for privacy. The provider should ensure that its policies do not isolate or segregate you based upon your gender identity.

CT BOS CoC Participant/Applicant Bill of Rights

WHAT CAN I DO IF I FEEL MY RIGHTS HAVE BEEN VIOLATED?

- If your family has been separated or you believe your rights have been violated in any other way, you can submit a complaint to the CT BOS CoC at ctboscoc@gmail.com
- You can also contact the HUD Hartford Field Office at (860) 240-4800.
- If you believe you have been discriminated against based on race, color, national origin, religion, sex, disability, or familial status, you can file a fair housing complaint with HUD by telephone (800-669-9777) or via the Internet. Follow this link to fill out a fair housing complaint form [online](#).

Connecticut's anti-discrimination laws also protect people who are gay, lesbian, bi-sexual, and transgender. You may file a complaint in person or in writing at the [Connecticut Commission on Human Rights and Opportunities \(CHRO\)](#). The main office of the CHRO is at 21 Grand St., Hartford, CT 06106. You should call them because they will want you to file your case in the appropriate regional office. Their number is (800) 477-5737 and you can visit their website at www.state.ct.us/chro

CT BOS HOUSING FIRST PRINCIPLES

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

Low barrier approach to entry:

Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:

- a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
- b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of "housing readiness."

CT BOS CoC Participant/Applicant Bill of Rights

- c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.
- d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

Community integration and recovery:

Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.

- a. Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- b. Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- c. Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- d. Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

CT BOS CoC Participant/Applicant Bill of Rights

Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
 - a. Leases do not include stipulations beyond those that are customary, legal, and enforceable under Connecticut law.
 - b. No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
 - c. Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
 - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
 - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
 - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Connecticut's Landlord and Tenant Act (Chapter 830 of the Connecticut General Statute
<http://www.cga.ct.gov/2011/pub/chap830.htm>).
 - d. In order to terminate housing, PH providers are required to use the legal court eviction process

CT BOS CoC Participant/Applicant Bill of Rights

Separation of housing and services eviction process

Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.

- a. Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
- b. There are defined processes for communication and coordination across the two functions to support stable tenancy.
- c. Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.

2017 HDX Competition Report

PIT Count Data for CT-505 - Connecticut Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	3016	2610
Emergency Shelter Total	1857	1,765
Safe Haven Total	0	0
Transitional Housing Total	642	511
Total Sheltered Count	2499	2276
Total Unsheltered Count	517	334

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	369	368
Sheltered Count of Chronically Homeless Persons	226	237
Unsheltered Count of Chronically Homeless Persons	143	131

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	329	280
Sheltered Count of Homeless Households with Children	327	279
Unsheltered Count of Homeless Households with Children	2	1

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	178	163	143
Sheltered Count of Homeless Veterans	154	131	131
Unsheltered Count of Homeless Veterans	24	32	12

2017 HDX Competition Report

HIC Data for CT-505 - Connecticut Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1703	207	1482	99.06%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	636	57	528	91.19%
Rapid Re-Housing (RRH) Beds	634	0	590	93.06%
Permanent Supportive Housing (PSH) Beds	5201	57	3849	74.83%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	8,174	321	6449	82.12%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	2076	2474

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	114	134

2017 HDX Competition Report

HIC Data for CT-505 - Connecticut Balance of State CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	517	634

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for CT-505 - Connecticut Balance of State CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: *Change in the average and median length of time persons are homeless in ES and SH projects.*

Metric 1.2: *Change in the average and median length of time persons are homeless in ES, SH, and TH projects.*

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

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	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	7564	7558	6834	61	61	60	-1	34	34	35	1
1.2 Persons in ES, SH, and TH	8736	8723	8003	125	114	119	5	47	45	47	2

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	6834	-	164		-	56	
1.2 Persons in ES, SH, and TH	-	8003	-	239		-	73	

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Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	13	14	1	0	0%	1	1	7%	2	1	7%	2	14%
Exit was from ES	2126	2254	320	371	16%	148	171	8%	126	154	7%	696	31%
Exit was from TH	573	538	48	54	10%	27	20	4%	38	32	6%	106	20%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	989	1409	39	50	4%	49	48	3%	89	84	6%	182	13%
TOTAL Returns to Homelessness	3701	4215	408	475	11%	225	240	6%	255	271	6%	986	23%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3134	3016	-118
Emergency Shelter Total	1873	1857	-16
Safe Haven Total	0	0	0
Transitional Housing Total	775	642	-133
Total Sheltered Count	2648	2499	-149
Unsheltered Count	486	517	31

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	8736	8723	8003	-720
Emergency Shelter Total	7564	7558	6834	-724
Safe Haven Total	0	0	0	0
Transitional Housing Total	1582	1547	1492	-55

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Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	1110	1323	1375	52
Number of adults with increased earned income	107	121	113	-8
Percentage of adults who increased earned income	10%	9%	8%	-1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	1110	1323	1375	52
Number of adults with increased non-employment cash income	409	398	415	17
Percentage of adults who increased non-employment cash income	37%	30%	30%	0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	1110	1323	1375	52
Number of adults with increased total income	481	482	491	9
Percentage of adults who increased total income	43%	36%	36%	-1%

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Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	416	422	479	57
Number of adults who exited with increased earned income	98	104	109	5
Percentage of adults who increased earned income	24%	25%	23%	-2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	416	422	479	57
Number of adults who exited with increased non-employment cash income	121	124	137	13
Percentage of adults who increased non-employment cash income	29%	29%	29%	-1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	416	422	479	57
Number of adults who exited with increased total income	207	216	221	5
Percentage of adults who increased total income	50%	51%	46%	-5%

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Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	7879	7773	7162	-611
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2748	2620	2458	-162
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	5131	5153	4704	-449

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	9163	9140	8609	-531
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3247	3174	3151	-23
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	5916	5966	5458	-508

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Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	10	17	163	146
Of persons above, those who exited to temporary & some institutional destinations	6	10	36	26
Of the persons above, those who exited to permanent housing destinations	2	2	45	43
% Successful exits	80%	71%	50%	-21%

Metric 7b.1 – Change in exits to permanent housing destinations

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	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	4347	6273	5821	-452
Of the persons above, those who exited to permanent housing destinations	2142	2814	2765	-49
% Successful exits	49%	45%	48%	3%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	3507	4197	4431	234
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3459	4115	4323	208
% Successful exits/retention	99%	98%	98%	0%

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FY2016 - SysPM Data Quality

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This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

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FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	1458	1496	1526	1543	937	840	784	653	4298	4523	4840	5063	168	236	276	517				
2. Number of HMIS Beds	1362	1466	1497	1529	826	726	682	611	3388	3413	3705	3728	168	133	273	498				
3. HMIS Participation Rate from HIC (%)	93.42	97.99	98.10	99.09	88.15	86.43	86.99	93.57	78.83	75.46	76.55	73.63	100.00	56.36	98.91	96.32				
4. Unduplicated Persons Served (HMIS)	12467	11308	9374	8417	1850	1813	1671	1627	4284	4511	4462	4690	1339	2430	2527	2575	410	824	1077	714
5. Total Leavers (HMIS)	10969	9618	7972	6925	1001	987	882	906	672	687	556	512	841	1466	1626	1659	203	422	847	314
6. Destination of Don't Know, Refused, or Missing (HMIS)	6323	4536	2895	1877	206	209	137	42	45	62	66	60	160	322	373	27	49	158	181	111
7. Destination Error Rate (%)	57.64	47.16	36.31	27.10	20.58	21.18	15.53	4.64	6.70	9.02	11.87	11.72	19.02	21.96	22.94	1.63	24.14	37.44	21.37	35.35

2017 HDX Competition Report

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/24/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/28/2017	Yes
2017 HIC Count Submittal Date	4/28/2017	Yes
2016 System PM Submittal Date	5/30/2017	Yes